ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

On the Committee made the following recommendation:				
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Assig	ned to:			Date:
Clerk	's Action:		Proposed Motion No	
TITLE OF PROPOSED MOTION:				
TO:	Clerk of the Counc	cil		

STANDING COMMITTEE RECOMMENDATION FORM

On ______, the Committee made the following recommendation:

Move to Council for action on:

Move to Council as revised for action on:

Other

Consent Agenda _____ Regular Agenda ____ Administrative Matters ____

Public Hearing Date _____

Committee Chair