ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council TITLE OF PROPOSED MOTION: Clerk's Action: Proposed Motion No._____ Assigned to: Date: 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 _____

ommittee Chair

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