

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 _____ **at** _____

N Neh

Committee Chair *O*