

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 \_\_\_\_\_



\_\_\_\_\_  
Committee Chair