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