ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk o	the Council
TITLE OF PROPOSED MOTION:	
Clerk's Action:	Proposed Motion No
Assigned to:	Date:
7 tooigned to:	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
STAN	DING 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 _____

at

Public Hearing Date _____

Consent Agenda _____ Regular Agenda ____ Administrative Matters ____

Committee Chair