

ECAF:
RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council

TITLE OF PROPOSED MOTION:

Clerk's Action:

Proposed Motion No. _____

Assigned to: _____ Date: _____

Initiated By: Councilmember Dunn

STANDING COMMITTEE RECOMMENDATION FORM

On _____, the Committee made the following recommendation:

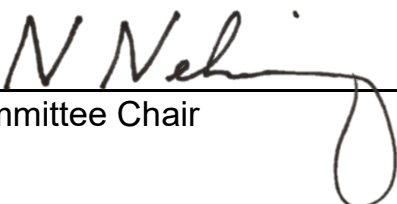
_____ Move to Council for action on: _____

_____ Move to Council as revised for action on: _____

_____ Other _____

Consent Agenda _____ Regular Agenda _____ Administrative Matters _____

Public Hearing Date _____ at _____



Committee Chair