

ECAF:
RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council

TITLE OF PROPOSED MOTION:

Clerk's Action: Proposed Motion No. _____

Assigned to: _____ Date: _____

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## STANDING COMMITTEE RECOMMENDATION FORM

On \_\_\_\_\_, the Committee made the following recommendation:


\_\_\_\_\_ Move to Council for consideration on: \_\_\_\_\_

\_\_\_\_\_ Move to Council as revised for consideration on: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Consent Agenda \_\_\_\_\_ Regular Agenda \_\_\_\_\_ Administrative Matters \_\_\_\_\_

Public Hearing Date \_\_\_\_\_ at \_\_\_\_\_

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