ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the Council TITLE OF PROPOSED MOTION: Proposed Motion No._____ Clerk's Action: Assigned to: _____ Date: ____ ***Re-assigned to Committee of the Whole - 2/6/2024 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