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 Comm	nittee made the following recommendation:
Move to Council for action on:	

_____ Move to Council as revised for action on: _____

Consent Agenda _____ Regular Agenda ____ Administrative Matters ____

_____ Other _____

Public Hearing Date _____at

Committee Chair