

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 action on: \_\_\_\_\_

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

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

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

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

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