ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

| TO: Clerk of the Council | |
|---|--|
| TITLE OF PROPOSED MOTION: | |
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| | |
| Clerk's Action: | Proposed Motion No |
| Assigned to: | Date: |
| Assigned to. | Date |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 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: | |

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Consent Agenda _____ Regular Agenda ____ Administrative Matters ____

_____Other _____

Public Hearing Date _____

Committee Chair