ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Clerk of the C	ouncil
TITLE OF PROPOS	ED MOTION:
Clerk's Action:	Proposed Motion No
	Date:Date:
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
STANDING	COMMITTEE RECOMMENDATION FORM
On	, the Committee made the following recommendation:
Move to Coun	cil for action on:
Move to Coun	cil as revised for action on:
Other	_
Consent Agenda _	Regular Agenda Administrative Matters
Public Hearing Dat	e at