ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

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