ECAF: RECEIVED:

## MOTION ASSIGNMENT SLIP

TO: Clerk of the Council
TITLE OF PROPOSED MOTION:

Clerk's Action:	Proposed M	otion No
Assigned to:		Date:
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		IMENDATION FORM
On	, the Committee made the following recommendation:	
Move to Council fo	or action on:	
Move to Council a	s revised for action on:	
Other		
Consent Agenda	_ Regular Agenda	Administrative Matters
Public Hearing Date	at	
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