ECAF: RECEIVED:

## MOTION ASSIGNMENT SLIP

TO:	Clerk of the Council		
TITLE OF PROPOSED MOTION:			

Proposed Motion No.			
Date:			
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TEE RECOMMENDATION FORM			
, the Committee made the following recommendation:			
Move to Council for action on:			
Move to Council as revised for action on:			
Consent Agenda Regular Agenda Administrative Matters			
at			
T r			

Committee Chair