ECAF: RECEIVED:

MOTION ASSIGNMENT SLIP

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

STANDING COMMITTEE RECOMMENDATION FORM

On _____, the Committee made the following recommendation:

Consent Agenda	Regular Agenda	Administrative Matters		
Other				
Move to Counci	Move to Council as revised for action on:			
Move to Counci	Move to Council for action on:			

Public Hearing Date _____at

Committee Chair