ECAF NO.: ECAF RECEIVED:

## Jahr

## MOTION ASSIGNMENT SLIP

10: C	Clerk of the Council		
TITLE O	F PROPOSED MO	TION:	
~~~~~~ Clerk's A		Proposed Motion No	
Assigned	to:		Date:
			IMENDATION FORM
On	,·	the Committee made th	e following recommendation:
	_ Move to Council fo	or action on:	
	_ Move to Council as	s amended for action on: _	
	_ Move to Council w	vith no recommendation	
(Consent a			the Consent Agenda. require public hearing and do not
			ne Administrative Matters Agenda etion to set time and date for public
ncarings)		J.M.	Ju-
		Committee	Chair