ECAF NO.: ECAF RECEIVED:

MOTION ASSIGNMENT SLIP

TO: Cl	lerk of the Coun	ncil		
TITLE OF	PROPOSED N	MOTION:		
~~~~~~	~~~~~~	-~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~	-~~~~~
		Proposed Motion No		
Assigned to:			Date:	
~~~~~~	~~~~~~	.~~~~~~~~~~~~~~~	~~~~~~~~~~~~	~~~~~~
			OMMENDATION F	
On		_, the Committee made	e the following recomme	endation:
	Move to Counc	il for action on:		
	Move to Counc	il as amended for action on	n:	
	Move to Counc	il with no recommendation	1	
(Consent ag	genda may be use		on the Consent Agenda. not require public hearing an	nd do not
		-	on the Administrative Mate action to set time and date	_
		<u>Jar</u>	sed Mead tee Chair	
		Commit	tee Chair	