ECAF NO.: ECAF RECEIVED:

MOTION ASSIGNMENT SLIP

TO:	Clerk of the Counc	zil		
TITLE C	F PROPOSED M	OTION:		
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Assigned to:			Date:	
			MMENDATION FORM	
On		_, the Committee made	the following recommendation:	
	_ Move to Council	for action on:		
	_ Move to Council	as amended for action on:		
	_ Move to Council	with no recommendation		
(Consent			n the Consent Agenda. not require public hearing and do not	
This iten (Adminis hearings)			a the Administrative Matters Agenda action to set time and date for public	