## ECAF NO.: ECAF RECEIVED:

## MOTION ASSIGNMENT SLIP

TO: Cl	erk of the Coun	cil		
TITLE OF	PROPOSED M	MOTION:		
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		Proposed Motion No		
Assigned to:			Date:	
~~~~~	~~~~~~~	~~~~~~~~~	~~~~~~~~~~	~~~~~~~
			COMMENDATION F	
On		_, the Committee ma	de the following recomme	endation:
	Move to Counc	il for action on:		
	Move to Counc	il as amended for action	on:	
	Move to Council with no recommendation			
(Consent ag	genda may be use		d on the Consent Agenda. lo not require public hearing a	und do not
		<del>-</del>	on the Administrative Ma	_
		Myn		
		Comm	ittee Chair	