ECAF NO.: ECAF RECEIVED:

MOTION ASSIGNMENT SLIP

TO: C	lerk of the Coun	ncil		
TITLE OF	F PROPOSED N	MOTION:		
~~~~~	~~~~~~~	~~~~~~~~~~~	~~~~~~~~	~~~~~~~~~
Clerk's Action:		Proposed Motion No		
Assigned to:			Date:	
~~~~~	~~~~~~	~~~~~~~~~~~~	~~~~~~~~	~~~~~~~~~~~
STA	ANDING CO	OMMITTEE RE	COMMENDA	TION FORM
On		, the Committee ma	ade the following	recommendation:
	Move to Counc	il for action on:		
	Move to Counc	cil as amended for action	on:	
	Move to Counc	cil with no recommendate	ion	
(Consent ag	genda may be use	_should not be place ed for routine items that Legislative Session)		
This item_ (Administrate) hearings)		_should not be placed enda may be used for rou		rative Matters Agenda me and date for public
		fa	phance Unight nittee Chair	
		Comn	nittee Chair	