



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0459

*** RE:**

Submitting report related to: Explanation of Section 9.16 of Council Rules

*** SUMMARY:**

Explanation of Section 9.16 of Council Rules

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**