



## DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER:

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**\* ITEM TYPE:**

CORRESPONDENCE:

**\* Council Member:**

Choose an item.

**Correspondence relative to (summary below):**

**\* SUMMARY:**

Click or tap here to enter text.

**\* RECOMMENDATION:**

Click or tap here to enter text.

**\* COMMITTEE REFERRED TO:**

Choose an item.

**\* DEPARTMENTAL CONTACT:**

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

**\*= REQUIRED**