



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0198

*** RE:**

Submitting report related to: Rescinded Council's Actions Report Submitted December 30, 2021.

*** SUMMARY:**

Rescinded Council's Actions Report Submitted December 30, 2021.

*** RECOMMENDATION:**

For Your Information

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Legislative Policy Division

***=REQUIRED**