



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0513

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**\* RE:**  
Submitting reso. autho. 2024 City Council Calendar

**\* SUMMARY:**  
2024 City Council Calendar

**\* RECOMMENDATION:**  
For Consideration

**\* DEPARTMENTAL CONTACT:**  
Name: Sabrina Shockley  
Position: Administrative Assistant

**\*=REQUIRED**