



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0606

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**\* RE:**

Submitting report related to: COMMUNITY BENEFITS ORDINANCE PROCESS ANALYSIS FOR THE HOTEL AT WATER SQUARE

**\* SUMMARY:**

COMMUNITY BENEFITS ORDINANCE PROCESS ANALYSIS FOR THE HOTEL AT WATER SQUARE

**\* RECOMMENDATION:**

For Review

**\* DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley  
Position: Administrative Assistant

**\*=REQUIRED**