



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0599

*** RE:**

Submitting report related to: REPORT ON PUBLIC-PRIVATE PARTNERSHIPS AND BENEFITS TO MUNICIPALITIES

*** SUMMARY:**

REPORT ON PUBLIC-PRIVATE PARTNERSHIPS AND BENEFITS TO MUNICIPALITIES

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**