



DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER: Mayor's Office - Legislative Liaison-0490

*** RE:**

Submitting report related to:

*** SUMMARY:**

Click or tap here to enter text.

*** RECOMMENDATION:**

Click or tap here to enter text.

*** DEPARTMENTAL CONTACT:**

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

***=REQUIRED**