



## DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER: Mayor's Office - Legislative Liaison-0493

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**\* RE:**

Submitting reso. autho.

**\* 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**