



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division

FILE NUMBER: Legislative Policy Division-0641

*** RE:**

Submitting report related to: TRANSIT-ORIENTED AND MOBILITY MANAGEMENT POLICY IN DETROIT

*** SUMMARY:**

TRANSIT-ORIENTED AND MOBILITY MANAGEMENT POLICY IN DETROIT

*** RECOMMENDATION:**

For Review

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley

Position: Administrative Assistant

***=REQUIRED**