



DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]
FILE NUMBER: Council Member Angela Whitfield-
Calloway-0053

*** ITEM TYPE:**
CORRESPONDENCE:

*** Council Member:**
Choose an item.

Correspondence relative to (summary below):

*** SUMMARY:**
Click or tap here to enter text.

*** RECOMMENDATION:**
Click or tap here to enter text.

*** COMMITTEE REFERRED TO:**
Choose an item.

*** DEPARTMENTAL CONTACT:**
Name: Click or tap here to enter text.
Position: Click or tap here to enter text.

***= REQUIRED**