



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0690

*** RE:**

Submitting reso. autho. Resolution to Amend DLBA MOU

*** SUMMARY:**

Resolution to Amend DLBA MOU

*** RECOMMENDATION:**

For Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**