DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER: Mayor's Office-0013

*** 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**