



DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]

FILE NUMBER: OCFO-Budget-0069

*** 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**