



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0933

*** RE:**

Submitting report related to: Memo re Remote Participation of Council Member with Medical Condition

*** SUMMARY:**

Memo re Remote Participation of Council Member with Medical Condition

*** RECOMMENDATION:**

For Your Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sandra Jeffers
Position: Administrative Assistant

***=REQUIRED**