



## DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]  
FILE NUMBER: Legislative Policy Division - City  
Planning -0193

---

**\* RE:**

Submitting report related to:

**\* 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**