



DEPARTMENTAL SUBMISSION

DEPARTMENT: Council Member Mary Waters
FILE NUMBER:

*** RE:**

Submitting reso. autho.

*** SUMMARY:**

Resolution re-authorizing the Senior Citizen Taskforce

*** RECOMMENDATION:**

Approve

*** DEPARTMENTAL CONTACT:**

Name: Thomas Choske, Thomas.Choske@DetroitMI.gov
Position: Policy and Communications Analyst

***=REQUIRED**