



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0358

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**\* RE:**

Submitting reso. autho. Resolution Re-Establishing the Detroit City Council Disability Task Force

**\* SUMMARY:**

Resolution Re-Establishing the Detroit City Council Disability Task Force

**\* RECOMMENDATION:**

For Consideration

**\* DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley  
Position: Administrative Assistant

**\*=REQUIRED**