



DEPARTMENTAL SUBMISSION

DEPARTMENT: [eSCRIBE Department]
FILE NUMBER: Council Member Gabriela Santiago-Romero-0100

*** RE:**
Submitting reso. autho.

*** 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**