



## ORDINANCE SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0415

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**ITEM TYPE:**  
**ORDINANCE**

**RE:**  
Submitting report and Proposed Ordinance:

**SUMMARY:**  
Proposed amendment to Community Benefits Ordinance/ International Border Crossings

**COMMITTEE REFERRED TO:**

**Public Health and Safety**

**DEPARTMENTAL CONTACT:**  
Name: Sabrina Shockley  
Position: Administrative Assistant