



AGENDA ITEM HISTORY SHEET

ITEM TITLE

AGENDA NO.

AGENDA DATE:

FUNDING CERTIFICATION (Finance Director) (Signature, if applicable)

MANAGEMENT STAFF REVIEW (Signature)

MAYOR (Signature)

ITEM HISTORY (Previous Council reviews, action related to this item, and other pertinent history)

ITEM COMMENTARY (Background discussion, key points, recommendations, etc.) Please identify any or all impacts this proposed action would have on the City budget, personnel resources, and/or residents.

(This section to be completed by the Mayor)

ACTION PROPOSED (Motion for Consideration)