

Staten Island Area Service Committee Motion Form

Date: _____

Motion Maker: _____

Second By: _____

Motion:

Intent:

Policy Affected:

Financial Impact:

In Favor: ____

Opposed: ____

Abstentions: ____

Motion Carries: ____

Motion Fails: ____

Motion Tabled: ____

Legend

1. Elections
2. Time Frame
3. Finance
4. Area/Committee
5. Procedural
6. Miscellaneous