

IAD MOTION FORM

Print or type clearly - Form must be completed in entirety, NO BLANK SPACES.

MOTION Title: _____

MOTION Member's Name: _____

MOTION Member's E-mail, Videophone or FAX: _____

Proposed MOTION (What, Who, When, How): _____

Rationale (WHY): _____

Estimated Financial Impact/Cost: _____

IN OFFICER USE ONLY BOX

Seconded by: _____ **PASS** **FAIL**

Tabled to: _____

Referred to: _____

Disposition:

Motion No. _____ - _____ - _____

Location