



# AGENDA ITEM HISTORY SHEET

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**ITEM TITLE**

**AGENDA NO.**

**AGENDA DATE:**

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

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**MANAGEMENT STAFF REVIEW** (Signature)

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**MAYOR** (Signature)

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

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**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.

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(This section to be completed by the Mayor)

**ACTION PROPOSED** (Motion for Consideration)