



Measure #:

TOWN COUNCIL MEASURE SUBMITTAL

Date: Submitted By: Telephone #:

MEASURE DESCRIPTION:

Signed: _____

PURPOSE AND JUSTIFICATION:

SPECIAL REQUIREMENTS:

ATTACHMENTS:

REFER TO SUB-COMMITTEE:

Measure #:

TOWN COUNCIL MEASURE SUBMITTAL

Date:	Submitted By:	Telephone #:
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PURPOSE AND JUSTIFICATION CONTINUED: