



Measure #:

TOWN COUNCIL MEASURE SUBMITTAL

| | | |
|-------|---------------|--------------|
| Date: | Submitted By: | Telephone #: |
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MEASURE DESCRIPTION:

Signed: _____

PURPOSE AND JUSTIFICATION:

SPECIAL REQUIREMENTS:

ATTACHMENTS:

REFER TO SUB-COMMITTEE:

Measure #:

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PURPOSE AND JUSTIFICATION CONTINUED: