



# WESTERN WAYNE COUNTY AREA SERVICE COMMITTEE MOTION FORM

**Motion Number** \_\_\_\_\_ **Status:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: _____ Group or Committee: _____ Second (Name) _____ Group or Committee: _____	<b>This motion</b> (Circle correct option) (A) Creates or changes procedure of the committee (B) Is advisory for the Fellowship (C) Amends (D) Is New
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Name the document or policy: \_\_\_\_\_

(by adding language) Page \_\_\_\_\_ Article \_\_\_\_\_ Section \_\_\_\_\_ Item \_\_\_\_\_  
(by replacing language) Page \_\_\_\_\_ Article \_\_\_\_\_ Section \_\_\_\_\_ Item \_\_\_\_\_  
(by deleting language) Page \_\_\_\_\_ Article \_\_\_\_\_ Section \_\_\_\_\_ Item \_\_\_\_\_

The **MOTION** reads as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **INTENT** reads as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRO: \_\_\_\_\_

PRO: \_\_\_\_\_

PRO: \_\_\_\_\_

CON: \_\_\_\_\_

CON: \_\_\_\_\_

CON: \_\_\_\_\_

ACTION Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

CARRIED FAILED WITHDRAWN TABLED UNTIL: \_\_\_\_\_ AMENDED

REFERRED TO: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

OUT OF ORDER REASON BEING: \_\_\_\_\_

\_\_\_\_\_

Note: Any and all motions submitted for consideration must have the purpose and intent stated legibly in writing and must be presented on an area motion form (Article 5, Section A, #3)