



WESTERN WAYNE COUNTY AREA SERVICE COMMITTEE MOTION FORM

Motion Number _____ **Status:** _____ **Date:** _____

Name: _____ Group or Committee: _____ Second (Name) _____ Group or Committee: _____	This motion (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 _____ Paragraph _____
(by replacing language) Page _____ Paragraph _____
(by deleting language) Page _____ Paragraph _____

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CARRIED FAILED WITHDRAWN TABLED UNTIL: _____ AMENDED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: _____
