EASTERN NEW YORK REGIONAL SERVICE COMMITTEE

MOTION FORM

Updated 6/11

Date: _____ **Author** _____

Second: _____

Motion: _____

Intent: _____

Voting Quorum: _____

Pros: _____

Cons: _____

Abstentions: _____

RESULT

☐ **Passed**

☐ **Failed**

☐ **Tabled Until:** _____