

City of Dillingham Action Memorandum

Agenda of: _____

Action Memorandum No. _____

Subject:

City Manager: Recommend Approval

Signature: _____

Route to	Department Head	Signature	Date
	Finance Director		
X	City Clerk		

Fiscal Note: Yes No **Funds Available:** Yes No

Other Attachments:

Summary Statement:

Action Memorandum No. _____

Summary Statement continued:

PASSED and APPROVED by a duly constituted quorum of the Dillingham City Council
on _____.

Mayor

ATTEST:

[SEAL]

City Clerk