

Washington Northern Idaho Regional Service Committee

MOTION FORM

Motion # _____

Date: _____

Motion Made By: _____ From: _____

Seconded By: _____ From: _____

I Move:

Intent:

Who will carry out this motion?

Why is this motion needed?

How much money will this take?

Yes _____ No _____ Abstain _____

Passed _____ Failed _____

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