

# CITY OF LYNDEN

## EXECUTIVE SUMMARY



<b>Meeting Date:</b>	6-17-2019	
<b>Name of Agenda Item:</b>	Calendar	
<b>Section of Agenda:</b>	Other Business	
<b>Department:</b>	Administration	
<b>Council Committee Review:</b>		<b>Legal Review:</b>
<input type="checkbox"/> Community Development	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Yes - Reviewed
<input type="checkbox"/> Finance	<input type="checkbox"/> Public Works	<input type="checkbox"/> No - Not Reviewed
<input type="checkbox"/> Parks	<input checked="" type="checkbox"/> Other: NA	<input type="checkbox"/> Review Not Required
<b>Attachments:</b>		
Outlook Calendar		
<b>Summary Statement:</b>		
Calendar		
<b>Recommended Action:</b>		
No Action		