

## IN THE MIDST OF THE TEXAS HILL COUNTRY

| Item to Forward to City Council: (Select one box)  |                                |  |  |  |  |
|--|--------------------------------|--|--|--|--|
| Report to City Council (i.e. Response to City Council Requesting Action on an Item )         |                                |  |  |  |  |
| Advisory Body Request for Item to be <u>Considered by Council</u>                            |                                |  |  |  |  |
| Advisory Group Sending Report or Request to City Council: (Select one box)                   |                                |  |  |  |  |
| Comprehensive Plan Advisory Workgroup  | Parks and Recreation Board     |  |  |  |  |
| Hotel Occupancy Tax (H.O.T.) Committee   | Planning and Zoning Commission |  |  |  |  |
| ☐ Infrastructure and Mobility Panel  | ☐ Tree Board                   |  |  |  |  |
| ☐ Ordinance Review Committee ☐ Other: _  |                                |  |  |  |  |
| Meeting Date Advisory Group Voted to Reach On Subject of Report OR Request for Item to be Co |                                |  |  |  |  |
| ~ FOR CITY HALL STAFF USE ONLY ~   |                                |  |  |  |  |
| Date Original Received at City Hall:   |                                |  |  |  |  |
| Received by (City Staff Member- PRINT):  |                                |  |  |  |  |
| Date Reviewed/Signed by City Manager:  |                                |  |  |  |  |
| Date of Next City Council Meeting:   |                                |  |  |  |  |

| SUMMARY / HIS                | TORY of Item under Review:  | (This is a text box.           | Click inside to t  | ype.)    |
|------------------------------|-----------------------------|--------------------------------|--------------------|----------|
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| MOTION RECOM                 | IMENDATION to CITY COUNC    | <b>IL</b> : (This is a text bo | x. Click inside to | o type.) |
|                              |                             |                                |                    |          |
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|                              |                             |                                |                    |          |
| Submitted by:                |                             |                                |                    |          |
|                              | PRINTED NAME of Chairperson |                                |                    |          |
| Submitted by:                |                             |                                |                    |          |
| Submitted by: _              | SIGNATURE of Chairperson    |                                | <del></del>        |          |
|                              |                             |                                |                    |          |
| Date of Submission           | 1:                          | <del></del>                    |                    |          |
|                              |                             |                                |                    |          |
| City Manager:<br>(Signature) |                             |                                | <del></del>        |          |