

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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