

Date: _____

Neighborhood Association
MOTION FORM

To ensure an accurate record of board decisions, please fill out this sheet and turn it in to the neighborhood association board secretary at the end of the meeting. When applicable, please be sure to include WHO should take action, WHAT that action is to be, and WHEN it is to be completed.

Offered By: _____

Seconded By: _____

MOTION
(PLEASE PRINT)