



**PASSAIC COUNTY AREA SERVICE
MOTION FORM**

DATE: _____ **NUMBER:** _____

MOTION MADE BY: _____ **SECONDED BY:** _____

MOTION:

MOTION INTENT:

POLICY: ___ **FINANCIAL:** ___ **PROCEDURE:** ___

IN FAVOR OF _____ **AGAINST** _____ **ABSTAINING FROM** _____

MOTION PASSED _____ **MOTION FAILED** _____ **MOTION TABLED** _____