



Motion Name: _____

MOTION NUMBER: _____ (to be assigned upon being seconded)

MOTION SUBJECT: _____

AUTHOR: _____ **DATE DRAFTED** _____

DATE SECONDED _____ **COST:** _____

PURPOSE/REASON: _____

EXPECTED RESULTS _____

BODY OF MOTION: _____

SIGNATURES OF APPROVAL

ABATE Coordinator: _____ (required if a tie)

Central Savannah River Area: _____

Coastal Area: _____

High Country Area: _____

Low Country Area: _____

Midlands Area: _____

Sandhills Area: Vacant

Southern Low Country Area: _____

Upstate Area: _____