

**Date:** \_\_\_\_\_

**To:** **Mayor & Members of Council**

**From:** **Councillor** \_\_\_\_\_

**Subject:** **Proposed Veto Override – (*name of amendment/veto*)**\_\_\_\_\_

### **Comments**

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**Mover:** \_\_\_\_\_

**Seconded:** \_\_\_\_\_

**Proposed Budget Amendment / Veto Subject**

### **For Internal Use**

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\_\_\_\_\_Amendment Reference Number

- Approved by the City Clerk