

City of Chicago
DISTRICT COUNCIL #
COMMUNITY COMMISSION FOR PUBLIC SAFETY AND ACCOUNTABILITY

MEETING MINUTES

MEETING TYPE: Regular Special Closed

MEETING DATE: _____

MEETING LOCATION & ADDRESS: _____

MEETING START TIME: _____

Attendance & Quorum

OMA Meeting cannot take place without 2 out of 3 members present in-person.

District Council Member Name	Attendance
Chair:	Present: <input type="checkbox"/> Remote: <input type="checkbox"/> Absent: <input type="checkbox"/>
	Present: <input type="checkbox"/> Remote: <input type="checkbox"/> Absent: <input type="checkbox"/>
	Present: <input type="checkbox"/> Remote: <input type="checkbox"/> Absent: <input type="checkbox"/>

Quorum (2 out of 3 Members): Yes: No:

Public Comment

Discussions