

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