



### Legislation Details (With Text)

**File #:** 21-162      **Version:** 1      **Name:**  
**Type:** Members of the City Council      **Status:** Agenda Ready  
**File created:** 1/27/2021      **In control:** City Council  
**On agenda:** 2/2/2021      **Final action:**  
**Title:** Discussion and action on amending the City Council’s adopted Rules of Order, including but not limited to the rules governing debate.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 46. D5 D7 D8 Council Rules of Order Amendment

Date	Ver.	Action By	Action	Result
2/2/2021	1	City Council		

## CITY OF EL PASO, TEXAS AGENDA ITEM SUMMARY FORM

**All Districts**

Mayor and Council, Representative Isabel Salcido, (915) 212-0005  
Mayor and Council, Representative Henry Rivera, (915) 212-0007  
Mayor and Council, Representative Cissy Lizarraga, (915) 212-0008

**PUBLIC HEARING DATE:** Click or tap to enter a date.

**STRATEGIC GOAL:**

Choose an item.

**SUBGOAL:** Choose an item.

**SUBJECT:**

*APPROVE a Resolution / Ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.*

Discussion and action on amending the City Council’s adopted Rules of Order, including but not limited to the rules governing debate.

**BACKGROUND / DISCUSSION:**

*Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?*

Click or tap here to enter text.

**PRIOR COUNCIL ACTION:**

*Has the Council previously considered this item or a closely related one?*

Click or tap here to enter text.

**AMOUNT AND SOURCE OF FUNDING:**

*How will this item be funded? Has the item been budgeted? If so, identify funding source by amount numbers and description of account. Does it require a budget transfer?*

Click or tap here to enter text.

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**Department Head:**

*If Agenda Item Summary Form is initiated by Purchasing, client department should sign also*