

DIVISION	ROUTE SEQ	ACTION CODE	DATE		INITIALS		Subject:		
			In	Out	Concur	Non-Concur	Date:	Originator:	Phone #:
City Manager									
City Attorney									
Comm. of the Rev.								Due Date:	Originating Dept:
Dep. Clerk of Council									
Downtown Manager								Background Info (BLUF):	
Economic Redev. Dir.									
Emergency Mgt. Dir.									
Finance Director									
Fire & Rescue Chief									
HR Director									
IT Director									
JDC Superintendent									
Parks & Rec Director									
PIO									
Planning Director									
Police Chief									
Public Services Dir.									
Purchasing Agent									
Sheriff									
Social Services Dir.									
Tourism Director									
Treasurer									
WPA Exec. Director									
Zoning Administrator									

Comments (add initials after comment):

NOTE: Remember to tab documents where CM signature is needed

ACTION CODES			
X	ORIGINATOR OF REQUEST	F	FYI (INFORMATION)
A	APPROPRIATE ACTION	C	COMMENTS
S	SIGNATURE NEEDED	R	RECOMMENDATION



Comments CONTINUED (add initials after comment):

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City of Winchester, VA

INTERNAL ROUTING FORM
Bottom Line Up Front (BLUF)

Date received for filing: _____

Control #: _____