TESTIMONY

2:00 PM

BUREAU OF PLANNING & SUSTAINABILITY AND UNIV OF PORTLAND DEVELOPMENT AGMT

IF YOU WISH TO SPEAK TO CITY COUNCIL, PRINT YOUR NAME, ADDRESS, AND EMAIL.

	NAME (print)	ADDRESS AND ZIP CODE	Email
	Det Spanger D. dr. James	EMO UMSTUCD	
<u> </u>	Golsaling	SISI NW COME (For	Scalling Cariboper the org
V	Christ White	1308 NW GNEWAY PDX 97209	
Q	Barbara Quinn	7034 N. Charleston	