TESTIMONY

10:15 AM TIME CERTAIN

PORTLAND STREETCAR 2ND ANNUAL REPORT

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

NAME (print)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
CRISTAL ELINSKI	POB8973-97207	
v Lightning Watchdig PDX	ADDRESS AND ZIP CODE (Optional) POBS 973 ~ 97207	