

Agenda Item 1208-1209

TESTIMONY

9:45 AM TIME CERTAIN

PORTLAND OPEN SPACE SEQUENCE RESTORATION LIDIF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
✓ DON STASTNY	2309 SW 18 th AVE #1145 PDX 97201	dstastny@stasarch.com
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✓ Lightning		
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