Agenda Item 209

TESTIMONY

REGULAR AGENDA

PSU CITYWIDE SURVEY ON CITY AS EMPLOYER OF CHOICE

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>
JOE WALL		
DAVID DAVIS		
Shedrick J. W: 4	ins Port Coul, OR of 7 209	withingshedricky yahoo, com

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