

US BANK/ELEAVON MERCHANT BANKCARD SERVICESEXTEND CONTRACT 1 YEARIF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
✓ Camerak Starke	97203	
✓ Mimi German		
<del>T Rairford</del>		
✓ Charles Bridgecrane JOHNSON		
Roger Weidner		
✓ John Hollister		