TESTIMONY

10:00 AM TIME CERTAIN

TECHNOLOGY OVERSIGHT COMMITTEE REPORT

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

NAME (F	PRINT)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
Lightn	PRINT) ing Super water	dock	

Date 07-25-2017

Page ____ of ____