

TESTIMONY
RECREATIONAL VEHICLE TRANSFERS

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

| NAME (PRINT) | ADDRESS AND ZIP CODE <i>(Optional)</i> | Email <i>(Optional)</i> |
|--------------|--|-------------------------|
| SCOTT PRATT | 3545 SE ANKENY 97214 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |