

TESTIMONY  
HOME FORWARD APPOINTMENTS

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

NAME (PRINT)

ADDRESS AND ZIP CODE (Optional)

Email (Optional)

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
✓ Shedrick J. Wilkins	945 NW Minto Pkwy, apt 134 Port Can, OR	wilkinsshedrick@ yahoo.com
✓ Lightning Super Justice Watchdog		