

TESTIMONY

REGULAR AGENDA

AUTHORIZE CITY ATTORNEY TO TAKE ACTION AGAINST OPIOID MANUFACTURERS & DISTRIBUTORS

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>
MARY SIPE		
MARY SIPE VSTEVE NOVICE Shedrick J. WILKING	7315 5W363497219	
Shedrick J. Wilking	7315 5W 3634 97219 945 PW Norto Pkny, got 134 Postland BRZ, got 134	witkingshelricke yahoo.com
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Date 02-21-2018

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