

AMEND CONTRACT WITH VERSATERM
FOR BUREAU OF EMERGENCY COMMUNICATIONS DISPATCH SYSTEM

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

NAME (PRINT)

ADDRESS AND ZIP CODE *(Optional)*Email *(Optional)*

✓ Sarah Hobbs		
Ida Pingala	N/A	
✓ Maggie		
✓ Charles Bridgecrane JOHNSON		