## **TESTIMONY**

## **REGULAR AGENDA**

## **AUTHORIZE APPLICATION TO JUSTICE ASSISTANCE GRANT PROGRAM**

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

NAME ( <b>PRIN</b> T)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
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Maggil Catherine Baker Nanny Newell	-	
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