TESTIMONY

189295

REGULAR AGENDA

DEPT OF JUSTICE GRANT FOR VICTIM SERVICES

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>
Maggie Robert Petterson	Homeles	5	petterson 180 cmiles
	-		

Date 12-12-18

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