TESTIMONY

189302

3:45 PM TIME CERTAIN

INCLUSIONARY HOUSING PHASE-IN EXTENSION

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

NAME (print)	ADDRESS AND ZIP CODE	(Optional)	Email (Optional)
	2/301		
Tim O'Brien	UAA		
13/11			
	,	^	8

Date 12-12-2018

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