

**AUTHORIZE LIMITED TAX REVENUE REFUNDING BONDS**  
**THROUGH 12/31/2021**

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

NAME (PRINT)

ADDRESS AND ZIP CODE (Optional)

Email (Optional)

|                              |  |  |
|------------------------------|--|--|
| left DAVID DAVID             |  |  |
| ✓ Charles Bridgeport Johnson |  |  |
| Maggie                       |  |  |
| ✓ Veronica Bernier           |  |  |
|                              |  |  |
|                              |  |  |
|                              |  |  |
|                              |  |  |
|                              |  |  |
|                              |  |  |
|                              |  |  |