TESTIMONY

REGULAR AGENDA

AUTHORIZE COMPETITIVE SOLICITATION & CONTRACT FOR SECURITY OFFICER SERVICES FOR 5 YEARS

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

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
LOE WATER		
Donnattaves	Pld	
maggie		
Y Robert west		
V Jeff Black	Portland	
News Toler	PORTLAND	
MANJANAN MAN	Parzano Copwara	
Courtrey SHAMON		
Ton J Hadden		