TESTIMONY

9:45 AM TIME CERTAIN

MOONLIGHTING - CITY EMPLOYEE OUTSIDE WORK POLICY

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>
1 DOE WAR		
Robert west		
Robert Paterson		
Maggie		
Charles Bridge or Ane J	OHNSON	
J 1.		