TESTIMONY

REGULAR AGENDA

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ACCEPT GRANT FROM ODOT / AUTHORIZE IGA FOR NE HALSEY PROJECT

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

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
Charles BridgecrAne		
()(3,7)		
Date <u>02-27-19</u>	1	Page of