TESTIMONY

TIME CERTAIN

GREY-TO-GREEN TREEBATE PROGRAM

NOTE: TIME TO BE ANNOUNCED FOR THE HEARING OF THIS ITEM.

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

NAME (print)	ADDRESS AND ZIP CODE		Email	
NAME (print)	1117 Sw stark	Portland, Ore,		
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Date <u>11-4-09</u>

Page ____ of ___