TESTIMONY

9:30 AM TIME CERTAIN

WEST HAYDEN ISLAND CONCEPT PLAN CONTRACT

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

NAME (print)	ADDRESS AND ZIP CODE		Email
Paul Riggs	CPBCTC		
Lett Smith	CPBCTC		
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Date <u>06-22-11</u>

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