TESTIMONY

9:30 AM TIME CERTAIN

DESIGN COMMISSION REPORT

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

NAME (print)	ADDRESS AND ZIP CODE	Email
Aupren Jansly	41217 SW ALTADENA	Avonew@ Flowing solutions.cox
2 DAID KELMEN	2414 SE SALMON ST.	
Lloyd Lindley	3005 NE 14th Duc.	Moyelindleyedsl-only. wet.
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Date <u>04-25-12</u>

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