

WATERSHED HEALTHIF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (print)

ADDRESS AND ZIP CODE

Email

✓ Bob Selling	5151 Macmillan Rd 97210	bselling@andersonpark
✓ Nancy Newell	3917 N Skidmore St 97211	ogec2@hotmail.com