Agenda Item 142

TESTIMONY CENTRAL EASTSIDE STREET PLAN

REGULAR AGENDA

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

NAME (print)	ADDRESS AND ZIP CODE		Email
NAME (print)	2333 N. WILLIAMS	97027	
	B B		
			8

Date <u>01-27-10</u>

Page ____ of ___