TESTIMONY

2:00 TIME CERTAIN

CENTRAL CITY 2035 CONCEPT PLAN

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

NAME (print)	ADDRESS AND ZIP CODE	Email
MICHAEL MICHAEL ZOKOYCH		WHOT MIKIL . COM
Czystal, EUNSKI	POBB9739DX97207	egna: I. com
	* -	
	E	

Date <u>10-24-12</u>

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