TESTIMONY

REGULAR AGENDA

AUTHORIZE WATER REVENUE BONDS

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

| NAME (print) | ADDRESS AND ZIP CODE | Email |
|--------------|-----------------------|--------------------|
| Navy Newell | 3917 N.E. SKIDMORE ST | ogec2@ hormail.com |
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Date <u>02-27-13</u>

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