TESTIMONY

9:30 TIME CERTAIN

FALL SUPPLEMENTAL BUDGET

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

NAME (print)	ADDRESS AND ZIP CODE	Email
/ Lightning		
Marshin	16 25 NE 8 J Sunt 190	to the same of the
Lies WENDT		
Andy FRAZIER		
JOE WASS		
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