## **TESTIMONY**

10:00 TIME CERTAIN

## PORTLAND POLICE ASSOC. CONTRACT

## RELATED TO INTERACTIONS WITH PERSONS EXPERIENCING MENTAL ILLNESS

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

NAME (print)	ADDRESS AND ZIP CODE	Email
Dan Hangaman	PORTLAND COPWATON	
JOE WALSL	TET	
Marle J Hollieins J.	UCARE	
BARRY JOE STULL	10852 SE STARK ST. #5 PORT 97216	cannabis book yahoo.com
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