TESTIMONY

REGULAR AGENDA

GRANT APPLICATION FOR \$2MIL FOR NATIONAL SEXUAL ASSAULT KIT INITIATIVE

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

ADDRESS AND ZIP CODE	Email
8432 NW HAWKINS BWD POX 97229	cramrasegmail.com
36813 SE Mt. Norway Dr Washongal iwa 98671	Makenzy b @ mac. com
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