

Agenda Item 269

TESTIMONY

10:00 AM TIME CERTAIN

**HILL PARK APARTMENTS FINANCING**IF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (PRINT)

ADDRESS AND ZIP CODE *(Optional)*Email *(Optional)*

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|-------------------|--|--|
| ✓ DAVID DAUS      |  |  |
| ✓ Crystal Elinski |  |  |
| ✓ Lightning       |  |  |
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