Agenda Item 519

TESTIMONY

REGULAR AGENDA

FY 2016-17 COST OF LIVING ADJUSTMENTS FOR NONREPRESENTED EMPLOYEES AND ELECTED OFFICIALS

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

	NAME (print)	ADDRESS AND ZIP CODE		Email 1
~	Shedrick Wilky	945 NW MAIT	is Physicat 13	y witkirsshedry
		Port Land	OR	Q yahoo.com
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Date <u>05-18-16</u>

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