TESTIMONY

REGULAR AGENDA

REDEMPTION INTEREST RATE, PENALTY & PROCESS FOR FORECLOSURES

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

NAME (<mark>PRINT</mark>)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
Lightning Watchdo	ADDRESS AND ZIP CODE (Optional)	
	*	

Page	of_	