TESTIMONY

REGULAR AGENDA

INCLUSIONARY HOUSING CODE TECHNICAL CORRECTIONS

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

NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
Charles BridgerciAne John	1925 NW NorFolk Ct. Portlaw	
Brian OwendOFE	1925 NW NorFolk Ct. Portlaw	
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