

FINANCING FOR OAK LEAF MOBILE HOME PARKIF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (PRINT)

ADDRESS AND ZIP CODE (Optional)

Email (Optional)

✓ Joe Wahl		
✓ Lightning Super Creativity, <u>XXPDXI</u>		
Catherine Baker	4979 SW. Madrona St.	
✓ Maggie		
✓ Charles Bridgecraft Johnson		
✓ Ida		