TESTIMONY

STREET VACATION HEARING SW FAIRVIEW AT SW CHAMPLAIN DR.

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

NAME (print)	ADDRESS AND ZIP CODE	Email
Mark Hotheins	U.CARE.	transgressionzinkall@g
	hla	
STOR WALSE		
	*	,

Date <u>09-18-13</u>

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