Agenda Item 25

## TESTIMONY

## **3**7051 10:15 AM TIME CERTAIN

## CITIZEN'S UTILITY BOARD OF OREGON

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

NAME (print)	ADDRESS AND ZIP CODE	Email	
V ATE WALL			
No Ribert leterson			
No Marke J Hotheins Je			
Sharon Marquell	PO Box 11115 Port. 012 97211	Shamaxhende Qacaine.	of
VCHRIS LIDDLE			
Kellie Barnes			18

Date 1-08-2014

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