Agenda Item 396

## **TESTIMONY**

/0: → TIME CERTAIN

## **DISABLED PERSON PARKING CODE**

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

NAME (print)	ADDRESS AND ZIP CODE	Email
JOE WAR		
Adam Kris	1500 SW 11th	DIMKISS@ POFF Kens

Date <u>05-07-2014</u>

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