## **TESTIMONY**

9:30 AM

## RIGHT BRAIN INITIATIVE PROGRAM REPORT

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

NAME (print)	ADDRESS AND ZIP CODE	Email _
Shedrick W.	945 NW Nado PKny Apt 134 Pontal, GR	MAHOO. ZOM
	v.	