

Item # _____

479-481

TESTIMONY

187125

Police GrantsIF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (print)

ADDRESS AND ZIP CODE

Email (optional)

✓ Steen Entwistle SA	—	—
✓ La Quida Landford		
✓ Charles Johnson		

Date 5-13-15Page 1 of 1