

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK. EXCEPT TO THE EXTENT NECESSARY FOR THE DRESIDING OFFICER TO CALL LIDON VOLL

Date of No.	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide genera	Lpublic comment, or to speak for or against a prop	oosal on the agenda? () For proposal
Name:	Dinna Vearma	() Against proposal) General comments
Business or Organization Affilia	ation:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:			
Street	City	State	Zip

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8/18/20/5	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
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Client Name:		Phone #:
Client Address:	City	State Zip

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