REQUEST TO SPEAK FORM

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DATE: 8/3/19

AGENDA ITEM NO. 14

For Issue ☑ Against Issue ☐ Neutral ☐  * Written comments for the record only ☐

NAME (OPTIONAL): Amanda Clifford

ORGANIZATION (OPTIONAL): Bill Wilson Center

ADDRESS (OPTIONAL):

*If you want to provide written comments for the record only, and you do NOT wish to address the Board, Committee, or Commission orally, please write comments below:

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