CDGA PUBLIC HEARING CITY OF MILWAUKEE

SPEAKER REGISTRATION FORM

Name: 11 N. Address: 321L **ZIP Code:** City:

Organization I am affiliated with: (if any):

Word of Hope Ministries

Organization/Services I support::

mployment Ser

Would like CDB6 funding to remain at its present level or Increase

I wish to speak

CDGA PUBLIC HEARING CITY OF MILWAUKEE

SPEAKER REGISTRATION FORM

Address:NA	
City:	ZIP Code:
Organization I am affiliated with: N/A	(if any):

NIA

____ I wish to speak

I don't wish to speak