COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

Date of Meeting: 12-14-5
Relating to Item (number on agenda)
Give brief title of item: MOUTH OF CRAIN CLAFUN MUSE
Name: JOEL ACACKI Address: 7636 120 4ERS ANE
City: WAMANISA State W1 Zip 53213 E-Mail joel @ Ja- Studio. Com
Representing: The OWHER
I AM IN FAVOR OF PROPOSAL AND
I do not wish to speak
I AM OPPOSED TO THE PROPOSAL AND
I wish to speak I do not wish to speak
I wish to be placed on the mailing list / E_MAIL list for this item and notified of any further actions.
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