

OFFICE OF THE CITY CLERK JANICE M. WINFREY

PETIT	ION	REP	ORT
-------	-----	-----	-----

PETITIONER: Citizen/Entity/Department

PETITION NUMBER: Mayor's Office - Legislative Liaison-0287

PETITION TYPE:

Choose an item.

SUMMARY:

CONCERNED DEPARTMENTS

Choose an item.

PETITIONER CONTACT INFORMATION:

Title:

Organization:

Address:

Email:

Phone: