



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Council Member Latisha Johnson

FILE NUMBER: Council Member Latisha Johnson-0078

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**\* RE:**

Submitting reso. autho.

**\* SUMMARY:**

Testimonial Resolution for Ms. Shadora L. Ford.

**\* RECOMMENDATION:**

Click or tap here to enter text.

**\* DEPARTMENTAL CONTACT:**

Name: Chelsea Davis

Position: Office Manager

**\*=REQUIRED**