



DEPARTMENTAL SUBMISSION

DEPARTMENT: Council Member Latisha Johnson
FILE NUMBER:

*** RE: Testimonial Resolution Submission**
Submitting reso. autho.

*** SUMMARY:**
Click or tap here to enter text.

*** RECOMMENDATION:**
Click or tap here to enter text.

*** DEPARTMENTAL CONTACT:**
Name: Click or tap here to enter text.
Position: Click or tap here to enter text.

***=REQUIRED**