



DEPARTMENTAL SUBMISSION

DEPARTMENT: Council Member Latisha Johnson
FILE NUMBER:

*** RE: TR request for formal**
Submitting reso. autho.

*** SUMMARY: Testimonial Resolution for Rev. Dr. James J. Minnick**

Click or tap here to enter text.

*** RECOMMENDATION:** Please add Testimonial Resolution for Rev. Dr. James Minnick to formal session agenda – for public record access.
Click or tap here to enter text.

*** DEPARTMENTAL CONTACT:**

Name: Chelsea Davis
Position: Office Manager

***=REQUIRED**