



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Council Member Latisha Johnson  
FILE NUMBER: Council Member Latisha Johnson-0015

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**\* RE:**

Submitting reso. autho.

**\* SUMMARY:**

Testimonial Resolution for Stanley Harris

**\* RECOMMENDATION:**

Click or tap here to enter text.

**\* DEPARTMENTAL CONTACT:**

Name: Jarel Mills  
Position: Office Manager

**\*=REQUIRED**