

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/3/17

(PLEASE PRINT)

Name: ROBERT F. NOLAN

Address: 1931 NARRAGANSETT AVE. PHOENIX 12161

I represent: MYSELF-MENTAL HEALTH & HOSPITALS

Address: 125 WORTH ST. NY, NY

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JOSEPH DOVEK

Address: 447 AVE P

I represent: AB CPC

Address: BROOKLYN, NY 11223

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK**

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Carlo Silvestri

Address: 48-25 216 ST Bayside N.Y. 11364

I represent: Tax Commission

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: DEBRA SCOTTO

Address: 206 Carroll St Brooklyn NY

I represent: myself

Address: _____

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