

Christine Havelka

From: Council Secretary
Subject: FW: Thank you for your submission - City of Victoria - Address Council Form

Name: susan storey-cooper

Date: April 13,
2016

Address: [REDACTED]

I wish to appear at the following Council meeting: April 28, 2016

I represent: self

Topic: hygiene

Action you wish Council to take:

I wish for council to abolish the act of spitting within the Municipality of Victoria as well as the spreading of nose mucus by persons.

CONTACT INFO:

Contact Name: Susan Storey-Cooper

Contact Address: [REDACTED]

Contact Phone Number:

Contact Email: