

**From:** CLK Council Info  
**Sent:** Tuesday, May 31, 2016 4:34 AM

**Subject:** Council Speaker Registration/Testimony

# Speaker Registration/Testimony

All fields marked "\*" are required and must be completed in order for this form to be valid.

Note: Registrations are not accepted prior to the agendas being posted.

**Name(\*)** Charles Myers  
**Phone (\*)** 808-282-7688  
**Email (\*)** maunawiliboy@hotmail.com  
**Meeting Date (\*)** 2016-06-01  
**Council/PH Committee (\*)** Council  
**Agenda Item (\*)** Bill 15, CD2 FD1-Ozawa  
**Your position on the matter (\*)** Oppose  
**Representing (\*)** Self  
**Organization**  
**Do you wish to speak at the hearing? (\*)** No  
**Written Testimony** I strongly urge you to reject this proposal. I oppose the the bill. I believe the area should be preserved as it is and maintained for our children.  
**Testimony Attachment**  
**Accept Terms and Conditions (\*)** 1

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