

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM  
SIGN IN SHEET

November 29, 2000 - Twentynine Palms City Hall

PLEASE PRINT

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Organization (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
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City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number (optional) \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number (optional) \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_

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Name Susan Keilly  
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Organization (if applicable) Desert Protection Council

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