Date: 06/30/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (53) - 11-0923-S4

Do you wish to provide genera	I public comment, or to speak for or agains	st a proposal on the agenda?	General Comment	
Name: Herman Fuck Y	ou			_
Business or Organization Affilia	ation: Cohen V. CA			
Address:				
	Street	City	State	Zip
Business Phone:	Representing:	42USC1983		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 06/30/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (53) - 11-0923-S4

Do you wish to provide general pub	lic comment, or to speak for or against	t a proposal on the agenda?	General Comment	
Name: Walsh				_
Business or Organization Affiliation				
Address:				
5	Street	City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 06/30/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (53) - 11-0923-S4

Do you	wish to provide general public comment, or to speak fo	r or against a proposal on the agenda?	General Comment	
Name: _	Wayne From Encino			
Busines	ss or Organization Affiliation:			
Address	S:			
	Street	City	State	Zip
Busines	ss Phone: Repr	resenting:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BELOW:		
Client N	lame:		Phone#:	
Client A	Address:			
	Street	City	State	Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 06/30/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (53) - 11-0923-S4

State

Zip

Do you wish to provide general public comment, or to s	peak for or against a proposal on the agenda?	General Comment	
Name: Antonia Ramirez			
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business Phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND P	ROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			

City