Date: 02/08/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 17-0066

Do you wish to provide general	public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Eric Preven				
Business or Organization Affiliat	ion:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	
	SHEEL	LIIV	Siale	/ I()

Date: 02/08/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 17-0066

Do you wish to provide general publ	ic comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Juannnnnn				
Business or Organization Affiliation:				
Address:				
S	treet	City	State	Zip
Business Phone:	Represe	nting:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	Citv	State	Zip

Date: 02/08/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 17-0066

Do you w	rish to provide general public comment, or to	speak for or against a proposal on the agenda? Genera	al Comment	
Name: _	Goodson Herman			
Business	or Organization Affiliation: Tro Judge			
Address:	666 City Hall	Bitches La		90012
	Street	City	State	Zip
Business	Phone:	Representing: NWA Fools		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ac	ldress:			
	Street	City	State	Zip

Date: 02/08/2017

Council File No., Agenda Item, or Case Item NO. (32) - 17-0066

I wish to speak before the Council			
Do you wish to provide general public comment, or to	o speak for or against a proposal on the agenda? G	eneral Comment	
Name: Spindler Puppet			
Business or Organization Affiliation:			
Address:	Encino		
Street	City	State	Zip
Business Phone:	Representing: Critic Puppets		
CHECK HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			
Street	City	State	Zip