Date 8/14/09	THE CITY COUNCIL'S DECORUM WILL BE		#3 \$19	0., Agenda Item, or Case No. 09-0600-S 46	
I wish to speak before the	Name of City Agency, Depar	rtment, Committee or C	Council		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal					
Name:///	A 100			() Against proposal () General comments	
Business or Organization Affiliation:					
Address: 656 S	MATHEWS ST	CA CA	State	v23	
Address: 656 Street Business phone: 623 230	Cit —8679 Representing:	y sapanananan kannananan kannan Kanna	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				Phone #:	
Client Address:	Cit	tv	State	Zip	
		,	=	— _F	

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date		Ag	enda Item
4 Aug 09	0		44
	Council	Sal	C Conneil
I wish to speak before the	Board of Public Works		
Do you wish to provide general public	comment, or to speak for or against a prop		
Name:	Drelyde Wil	Gams	(Against proposal) General comments
Business or Organization Affiliation: _	LA32 NC		
Address:	4115 Barret	TRA LA	CA 900 32
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID S	PEAKER AND PROVIDE CLIENT INFORM	NATION BELOW:	
Client Name:		Phon	e #:
Client Address:Street	City	State	Zip
Street	City	State	Ζιρ

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 8/14	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	ior 47	o., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, C		
Do you wish to provide general p	oublic comment, or to speak for or again	nst a proposal on the agenda	A? () For proposal () Against proposal () General comments
Business or Organization Affiliati	on:		
_	6218 Yucca St	LA	
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BEL	ow:
Olient Name:			Phone #:
Client Address:			
Street	· City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 8 - 14-05	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
^	public comment, or to speak for or against a prop	osal on the agenda?	() For proposal() Against proposal
Name: Arabe	o SACUS		() General comments
Business or Organization Affiliat	ion:		
Address:Street	City	Chada	71
	Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOV	v:
Client Name:		Ph	none #:
Client Address:Street	City	State	Zip
			r.

<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

8-14-09	THE CITY COUNCIL'S DECORUM WILL BE E		Council File No., Agi	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Departr		Council	555.000
Do you wish to provide general	public comment, or to speak for o	or against a proposa	Fon the agenda?	
Name:	Francis SAcis) Against proposal) General comments
Business or Organization Affilia	tion:	/ 1 - 1	(N) W	
Address:Street	211	_/X_/	Joseph 1	
Business phone:	City Representing:		State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFOR	RMATION BELOW:	
Client Name:			Phor	ne #:
Client Address:				
Street	City		State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Van Nuys

Date/Time Submitted 08/14/2009 10:18 AM				· 1	
I wish to speak before the		Council			
	Name of City Agency	, Department, Committe	e or Council		
Do you wish to provide genera Name:	al public comment, or to speak for or a ZUMA DOGG	against a proposal (on the agenda?	() For proposal () Against proposal () General comment	
Business or Organization Affili	ation:				
Address:					
Street		City	State	Zip	
Business phone:	Representing:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION	ON BELOW:		
Client Name:		Phone	No.:		
Client Address:	reet	City	State	Zip	