Date: 11/22/2017			Council File No., Agenda Item, or Case		
Dato: 11/22/2017			Item NO. (35) - 09-2117		
I wish to speak before the		r or against a proposal on the aganda?	Concrol Commont		
Do you wish to provide ge	neral public comment, or to speak to	r or against a proposal on the agenda?	General Comment		
Name: Dan					
Business or Organization	Affiliation:				
Address:	Street	City	State	7:5	
	Street	City	State	Zip	
Business Phone:	Repi	resenting:			
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Data: 11/22/2017

Council File No., Agenda Item, or Case

				NO. (35) - 09-2117	
I wish to speak before the Council					
Do you wish to provide general put	lic comment, or to speak for or	against a proposal on the agenda?	General Comment		
Name: Wayne From Encin	0				
Business or Organization Affiliation	:				
Address:					
	Street	City	State	Zip	
Business Phone:	Represe	nting:			
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CI	LIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Date: 11/22/2017			Council File No., Agenda Item, or Case		
2 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Item NO. (35) - 09-2117		
I wish to speak before the C	ouncil				
Do you wish to provide gene	eral public comment, or to speak for c	or against a proposal on the agenda?	General Comment		
Name: Herman 666					
Business or Organization Af	filiation:				
Address:					
	Street	City	State	Zip	
Business Phone:	Repres	senting:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Date: 11/22/2017			Council File No., Agenda Item, or Case	
			Item NO. ((35) - 09-2117
I wish to speak b	efore the Council			
Do you wish to p	rovide general public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Walsh	า			
Business or Orga	anization Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repre	senting:		
CHECK HERE IF	FYOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip