10-0017

Date	THE CITY COUNCIL'S RULES OF	Council File No., Age	enda Item, or Case No.
1-29-10	DECORUM WILL BE ENFORCED.		•
I wish to speak before the	Cal Concu		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general Name:	public comment, or to speak for or against a proposa) For proposal) Against proposal) General comments
Business or Organization Affilia	tion:		
Address: Street	City		ę.
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:	- N
Client Name:		Phon	e #:
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 /74 (10	THE CITY COUNC			Council File N	o., Agenda Ite	m, or Case No.
I wish to speak before the	Name of City Agency, De	•				
Do you wish to provide general p	public comment, or to speak	c for or against a p	roposal on	the agend	a? () For- () Aga _ () Ger	AP/FA C proposal- inst proposal neral comments
Business or Organization Affiliati	on: A PINIC DI. #49	R MANNA d	el 10.	CSL	90	129 2
Address: $\frac{13700}{\text{MAAIM}}$ Street (310) \$71	Representing:	City		State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT	INFORMA	TION BEL	ow:	
Client Name:					Phone #: _	
Client Address: Street		City		State	Zip	

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Date	THE CITY COUNCIL'S RUL	Council File	No., Agenda Item, or Case No.
1/29/10	DECORUM WILL BE ENFO		1 \$ 5
		We the second se	necessity of the second
I wish to speak before the	City Council	New Market	i i
	Name of City Agency, Departmen	, Committee or Council	
Do you wish to provide general	public comment, or to speak for or a	gainst a proposal on the agen	
Name: Peter S.			() Against proposal() General comments
Name:	an Me E		() deneral comments
Business or Organization Affiliat	ion: Valley Villa	ge Homeorya	115 ASSO.
San transfer and the san transfer and transf	4916 Vally V	A + i	91617 Zip
Street	∠City	State	Zip
Business phone:	Representing:		
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Client 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.

Name of City Agency, Department, Committee or Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () Against proposal () General comme Business or Organization Affiliation: Address:	Date 1-29-10	THE CITY COUNC DECORUM WILL I		Council File No., Age	enda Item, or Case No.
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal () Against proposal () General comme Business or Organization Affiliation: Address:	I wish to speak before the		ppartment, Committee or	Council	PHOID THE
Name:	Do you wish to provide general p	public comment, or to speal	k for or against a proposa) For proposal
Address:	Name: Lanter	Reel		() General comments
Business phone: Representing:	Business or Organization Affiliat	ion:		. *	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Address: \\Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	agnola	ala lley Illa	State	91607 Zip
Client Name: Phone #:	Business phone:	Representing:	communit	4/resider	US.
Client Address:	CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELOW:	
	Client Name:	118 (50) (10) (10)		Phon	e #:
	Client Address:Street		City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
Y29/2010	DECORUM WILL BE ENFORCED.	10-00,7 H4	
I wish to speak before the	Los Lopeles City Council		
	Name of City Agency, Department, Committee o	or Council	
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agenda? ($^{\prime}$) For proposal ($^{\prime}$)	
Name: SANDY Hub	OBARD	() Against proposal () General comments	;
Business or Organization Affiliat	tion:		
Address: <u>//9// M//6/</u>	WIR BIND #10 VALLEY VI	UKG CA 9/607	
Business phone: 323765	Representing: SCUF	State Zip	-
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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29 Jan 10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before theN	ame of City Agency, Department, Commi	ttee or Council
	ic comment, or to speak for or against a p	
Name:	Dellydel	General comments
Business or Organization Affiliation:	LA3	ZNO
Address:Street	City	Barret Rd 1A CA 9003
Business phone:	Representing:	keholders Association
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
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Date // 29/10	THE CITY COUNCIL'S RULES OF		o., Agenda Item, or Case No.
1/27/10	DECORUM WILL BE ENFORCED.	10-0017	\$ 10-0017.S(
		# 4	45
I wish to speak before the			
	Name of City Agency, Department, Comm	ittee or Council	
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agend	
Name: BEN Ro	ZNIK		() Against proposal () General comments
Business or Organization Affiliati	ion: Jeffer Manglo et	J.	<u> </u>
Address: 1900 Asens	of the Stars 1 City Il	Z O Calif	9006 T
Business phone: (3/6) 203	Representing:	Bank	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT		ow:
Client Name: Just Ray	and Bark		Phone #:
Client Address:			
Street	City	State	Zip

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Date 1/29/2010	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	
Do you wish to provide general pu	ublic comment, or to speak for or against a proposi-	al on the agenda?	() For proposal() Against proposal() General comments
	on: 15 rsch/Green Transportation		
Address: 13333 Vendus Street	va Boulevard Pary, Shryman C	½/cs CA State	<i>91923</i> Zip
Business phone: ((UE) 525 \(\begin{array}{c}\text{L}\)	530 Representing: Applicant		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOV	v:
Client Name:	;	Ph	one #:
Client Address:Street	City	State	Zip

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Date 1/2	3/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o, Agenda Item, or Case No.	
I wish to speak befo	ore the	Name of City Agency, Department, Committee o	r Council		
Do you wish to pro-	vide general	public comment, or to speak for or against a propos	sal on the agenda		
Name:	rry	SCHAFFEL		() Against proposal () General comments	3
Business or Organi	ization Affiliat	ion:	 		
Address:	,				
710010001	Street	City	State	Zip	_
Business phone: _		Representing:		<u> </u>	_
CHECK HERE IF	YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	ow:	
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Client Address:	Street	City	State	Zip	
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Date - 29 - 10	THE CITY COUNCIL'S DECORUM WILL BE B		Council File No.,	Agenda Item, or Case No.
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I wish to speak before the	Cara Cana			
Victorial Control of the Control of	Name of City Agency, Depart	ment, Committee or	Council	
Do you wish to provide general	•		•	() For proposal () Against proposal () General comments
Business or Organization Affiliat	ion:			
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CHECK HERE IF YOU ARE		¥		w:
Client Name:			P	hone #:
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		A Company of the Comp		

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Date 29 JAN 2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
grand .	DECOMON TIBLE DE BIN OTTORIO	75	and the state of t
I wish to speak before the	NGELZES CITY COU	NCILL	faces.
Nam	ne of City Agency, Department, Committee	or Council	
Do you wish to provide general public	comment, or to speak for or against a propo	sal on the agenda? () For proposal
Name: Baybasa 11	lonahan Bujke) Against proposal () General comments
Business or Organization Affiliation:	TUDIO CITY NEIGHBU	2RH00D(&u	NIL Membe
Address: 4522/11/1/	Kinson Ave Stu	dio Cety C	A 9/74 Gmera-
Business phone:	Representing: 138	State / /	Zip Of me of
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	Jeffee Chain
Client Name:		Phor	ne #:
Client Address:			
Street	City	State	Zip

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