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Date 1 · 25 · ((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	1 12 Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (For proposal						
Name: Fred Al	(en /	() Against proposal () General comments				
Business or Organization Affiliat	on: Grand Vision Form	d				
Address: 434 W	. 6TH ST Sanjedis	90731				
Business phone: 310 - 783	. /	State Zip				
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:				
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.

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Date / 25/2011	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.				
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I wish to speak before the	mmittee on Acts, Parks+	Acina				
	Name of City Agency, Department, Committee or &	Council .	••			
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Do you wish to provide general	oublic comment, or to speak for or against a proposal	I on the agenda?	() For proposal			
	Allen of history		() Against proposal			
Name: 12 5000	NOULA JOHN DON Z		General comments			
Business or Organization Affiliation: (AMMA) VISION FOUN dation						
Address: 434 W)	Coth St. Seen Redvo CA	70731				
		State	Zip			
Business phone: 010 823	1813 Representing: Self					
Padinoso priorio:						
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:	·	Ph	none #:			
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I wish to speak before the Nam	PARKS ne of City Agency, Dep						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal							
Name: BETH SILDER			() Against proposal () General comments				
Business or Organization Affiliation:	BACKACO"	Bedin	EMBER STUDENT				
Address:Street			I commont memb				
		City	State Zip				
Business phone:	Representing: 5	RARUSOI	ALL ART COUNTER				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Phone #:				
Client Address:							
Street		City	State Zip				

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Date 25///		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.		
I wish to speak before the	Name of City Ager	ARKS, 4E, ncy, Department, Commit	tee or Council	10-0773		
Do you wish to provide general p	publje comment, or to	speak for or against a p	roposal on the agenda?			
Name: Tyla	(Prolan	2	011	() Against proposal () General comments		
Business or Organization Affiliat	i o n(901710/18	Janusdall Arts	(ark) tound /	toluword,.		
Address 6990 C	Szencher	L ST ZA	901271	O Antstorma		
Business phone: 3 Street	२ <u>చెన్</u> Represe	City nting:	Şfate 	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.