Date August 4, 2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	or Council	
· .	public comment, or to speak for or against a propo	sal on the agend	da? (X) For proposal () Against proposal
Name: Kobert	Anderson		() General comments
Business or Organization Affiliat	ion: Sherman Oaks Home	- Puners	ASSOC-SOHA
Address: 40 So Street	alles RR, Sharman Daks	State	91403 Zip
Business phone: 88-907	-7584 Representing: SOHA		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 8/4/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Comm				
Do you wish to provide general p	public comment, or to speak for or against a $SAR(K) \sim$	proposal on the agenda	a? () For proposal () Against proposal () General comments		
Business or Organization Affiliat	ion: SWDIO COLY NE		` , ,		
Address: 4024 RAZ	ion: SNDLO CETY NE PORD AUG ED 2 ROBN 6 City -5400 Representing:	GNDLO CUTY State/	CA 91604 Zip		
Business phone: <u>8/8-655</u> -	-5400 Representing:				
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 8 /4 // O		IL'S RULES OF BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Acy Counc Name of City Agency, De	e la committee er	Council	
	Tranic of Oity Agency, Dep	partment, committee or	Oddrien	
Do you wish to provide general po	ublic comment, or to speak	for or against a proposa	al on the agend	da? (For proposal () Against proposal
Name: Alandia	->NE MORLE	M.		() General comments
Business or Organization Affiliation	on: Breatwood	al Resurt	ent?	Coalition
Address:	492103	City	State	9009
Business phone: 30 4762	2064 Representing: _	BRC	State	Zip //
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	ROVIDE CLIENT INFOR	RMATION BE	LOW:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

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Date 08/04/20/0	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before theNa	TY COUNCIL ame of City Agency, Department, Committ	ee or Council			
Do you wish to provide general public	c comment, or to speak for or against a pr				
Name: PONALD KEL	LER, VICE PRESIDEA	() Against proposal () General comments			
Name: VONALD KELLER, VICE PRESIDENT () Against proposal () General comments Business or Organization Affiliation: BRENT WOOD HOMEDWNERS ASSN.					
7	ER AVE, L. A. City				
Business phone: 310)472-9	City 711 Representing: BHA	State Zip			
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 8/4/2010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Council me of City Agency, Department, Commit	ttee or Council
Do you wish to provide general public	comment, or to speak for or against a p	roposal on the agenda? 🖂 For proposal
Name: Murk Stratte	571	() Against proposal () General comments
Business or Organization Affiliation:	BASPOR	
Address: 3100 Corda	a Dr. L.A.	CA 90049
Business phone:	Representing: Bel Air	Skycres T Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date	1112 211 20011	CIL'S RULES (BE ENFORCE)r 1 ₃	incil File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, D	epartment, Cor	nmittee or Counci	il	
Do you wish to provide general p	oublic comment, or to spea	ak for or agains	a proposal on the	e agenda? 🎉	
Name: SACK /	7/12N			() Against proposal) General comments
Business or Organization Affiliat	ion: PATISTANE	25 /24	servatio	W A	sąn.
Address: /55/5	Bestor ,	Blud F	BACHLO,	A. J. J. G.	ed & Pozin
Street		City	4 5	State	Zip
Business phone:	Representing:				
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIE	ENT INFORMATION	ON BELOW:	
Client Name:				Phor	ne #:
Client Address:					
Street		City	Ş	State	Zip

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P-04-10		JNCIL'S RULES OF LL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the		is Committee	e or Council	
Do you wish to provide general Name: STEVE W	public comment, or to sp	peak for or against a prop		P (*) For proposal () Against proposal () General comments
Business or Organization Affiliat	ion:			
Address: 19407 SA/	WITH RUTH ST	TARZANA	CAUF	9(356-3020)
Street Business phone:		•	State	Zip
CHECK HERE IF YOU ARE	•		FORMATION BELO	w:
Client Name:			P	hone #:

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

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State

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THE CITY COUNCIL'S RULES OF

Council File No., Agenda Item, or Case No.

Date

8-04-10	DECORUM WILL BE ENFORCED	#9	CF No. 10	-1001
I wish to speak before theN	Y COUNCI Jame of City Agency, Department, Comr	nittee or Council		
Do you wish to provide general pub	lic comment, or to speak for or against a	proposal on the ager		
Name: <u>Marian</u> Do	de		() Against () General	proposal comments
Business or Organization Affiliation:	Federation of Hillsi	de and Cau	nyon Ass	ociation
Address:Street				
	City Representing:	State	Zip	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIEN	T INFORMATION BE	ELOW:	
Client Name:			_ Phone #:	
Client Address:Street	City	State	Zip	

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NOTE: THIS IS A PUBLIC DOCUMENT.

Date 8/4/≥0/0		INCIL'S RULES OF LL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency,	C, / Department, Comm	ittee or Council	
Do you wish to provide general posts of the Name:		eak for or against a	proposal on the agen	() Against proposal
				() General comments
Business or Organization Affiliat	tion: TARZAVA	PROPERTY	OWNERS	ASSOC.
Address: 6073 CA4	LVIN AUE	TARZANT	CA	91356
Business phone: 879 9	7/- 63/0 Representir	ng: TARZAVA PRI	State PEXITY OWNER	1s Acroc
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CLIENT	INFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:Street		City	State	Zip

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Date 8/4/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	e of City Agency, Department, Committee or	Council
1 VCI IN	5 of Oily Agency, Department, Committee of	Odificii
	omment, or to speak for or against a proposa	I on the agenda? (※) For proposal () Against proposal
Name: Eric Bruins		() General comments
Business or Organization Affiliation:	anta Monica Mountains.	Lonservancy
Address: 5750 Ramire	7 Cangon Rd, Malitan 0 x 125 Representing:	LA 90265
Business phone: 310-589-320	25 City Representing:	State ZIP
	SPEAKER AND PROVIDE CLIENT INFOF	
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date (1010	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Ceuvent Name of City Agency, Department, Committee o	
Do you wish to provide general	public comment, or to speak for or against a propo-	
Name: Denavo Lose	-	() Against proposal () General comments
Business or Organization Affiliat	ion: Bensora Canyon Assessmon, Bezalin	r Butely Cres NG
	- Compon Desire Berkey Dice	\
Business phone: 310 402		
	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip

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Date 8/4/2010	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	OF 9	No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, C	ommittee or Council	
	oublic comment, or to speak for or agair	st a proposal on the agen	
Name: 4015 Bec	ker		() Against proposal () General comments
Business or Organization Affiliat	to A a Do a		
Address: 3100 Co	rda Dr. L.A.	CA	90049
Street Business phone:	Representing:	Air Skycre	3/
	A PAID SPEAKER AND PROVIDE CL	IENT INFORMATION BE	LOW:
Client Name:			Phone #:
Client Address: Street	City	State	Zip
2,300	2.1,	State	F

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Date 8-4-10	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE						
wish to speak before the	City Co casel Name of City Agency, Department, Con	nmittee 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 () General comments							
· · · · · · · · · · · · · · · · · · ·							
Address: P.O. Street	Bay 57/016 City	Tarzana QA 91357 State Zip					
Business phone:	Representing: Tarza	na Neighborhood Coancil					
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 7/4/10		NCIL'S RULES OF L BE ENFORCED.	i i	No., Agenda Item, or Case No.	'			
wish to speak before the LPCITY COONCIL 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								
Name: <u>51505</u>	TWINIOL 1	PRES EM	201705	() Against proposal () General commen	ts			
Business or Organization Affiliation: BABCNC								
Address: WLA	CITY HALL	City	State	Zip				
Address: WLA Street Business phone: 310 499	6242 Representing	g: BABCO	N C	Δ ι μ				
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 8/3//0	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	ES OF	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 public comment, or to speak for or against a proposal on the agenda? () For proposal							
Name:	a Tak		() Against proposal () General comments				
Business or Organization Affiliation:							
Address: 11876 /	Youtan fre #302	LA G	90049				
Business phone: Street 3/05039277 Representing: The Zak							
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			_ Phone #:				
Client Address:	City	State	Zip				
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