	the first of the control of the cont			
Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Nex Agenda Item, or Case No.			
DECORUM WILL BE ENFORCED.				
I wish to speak before the Energy & Environment Name of City Agency, Department, Comm	Subcomuttee			
Name of City Agency, Department, Comm	littee 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			
Name: Samue / Unger	() General comments			
Business or Organization Affiliation: California Regional W	later Quality Control Board			
Address: 320 W. 4th St. Los Anceles	State Zip			
Address: 320 W. 4+h St. Los Anceles Street Business phone: (213)546-6605 Representing:	Citato Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION 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.

Date 8-2-2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda 1670, or Case No.
I wish to speak before the	To of City Agency Department Committee	o or Council
Ivai	me of City Agency, Department, Committe	e or Couricii
Do you wish to provide general public	comment, or to speak for or against a pro	posal on the agenda? (For proposal () Against proposal
Name: 10M 10KC	C11000 P210	() General comments
Business or Organization Affiliation:	SMBKC 4 SMG	
Address: 1843 19th 3	Street Apt A Sout	2 Marza CA 90404
Business phone: 310-738	6915 Representing: SMBRC	+ SMBK Zip
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	Oit.	
Street	City	State Zip

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

Date 08/03/11	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCE		Council File 10 - 19	No., Agenda Iten 44 (1)	n, or Case No.
I wish to speak before the	Name of ty Agency, Department, Com	amittee or	<u>e</u> Council		
Do you wish to provide general	aublic comment, or to speak for or against	a proposa	l on the ager		
Name: Doug F	trsensoult				nst proposal eral comments
Business or Organization Affiliat		& Com	merce A	550C.	***************************************
Address: 5121	Van Nuys Blud. Sait 203			7:	
Business phone: (919) 81	7-0845 Representing:		State	Zip	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	NT INFOR	RMATION BE	ELOW:	
Client Name:				Phone #:	
Client Address:					
Street	City	· .	State	Zip	

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

Date	THE CITY COUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
8/2/11	DECORUM WILL BE ENFORCED		47 ()
I wish to speak before the	E+E Committee		
	Name of City Agency, Department, Comm	nittee or Council	
Do you wish to provide general	public comment, or to speak for or against a	a proposal on the ager	
Name: Kirsten	James		() Against proposal () General comments
Business or Organization Affiliat	ion: Head the Bay		
Address: 1444 9	th St Sanla Monic		90401
Business phone: 310-451-	•	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BE	ELOW:
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.

08-02-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the <u>F</u>	Name of City Agency, Department, Comm	Ment Committe
Do you wish to provide general	public comment, or to speak for or against a	
Name: Simboa		() Against proposal () General comments
Business or Organization Affiliat	ion: \$5\(\frac{1}{2}\)U\cdot \(\frac{72}{2}\)	
Address: Street	Çity	State Zip
Business phone:	Representing:	·
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:Street	City	State Zip
Sueet	Gity	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 () General comments Business or Organization Affiliation: Address: Street Street City Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	parameter		
DECORUM WILL BE ENFORCED. 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 () Against proposal () General comments Business or Organization Affiliation: Address: Street Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Date	THE CITY COUNCIL'S BUILES O	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 public comment or to speak for or against a proposal on the agenda? () For proposal (X Against proposal (X Agai	1///		
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 () General comments Business or Organization Affiliation: Address: Street Street City Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	M/7009/1	DECORUM WILL BE ENFORCE	:D. /
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 () General comments Business or Organization Affiliation: Address: Street Street City Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	, ()		
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 () General comments Business or Organization Affiliation: Address: Street Street City Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:		N R.G. 1	
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 Business or Organization Affiliation: Address: Street City Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	I wish to speak before the	\ \U_4/_C	OMTE
Name:	ſ	Name of City Agency, Department, Con	mmittee or Council
Name:			
Business or Organization Affiliation: Address: Street Street Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Client Address:	Do you wish to provide general pub	olic comment, or to speak for or against	it a proposal on the agenda? () For proposal
Business or Organization Affiliation: Address: Street Street Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Client Address:	Nieuwa	$\nabla \mathcal{D}_{\alpha} / \mathcal{D}_{\alpha}$	Against proposal
Address: Street Street City Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Name:		11 WITH SUUS () denotal commonts
Address: Street Street City Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Business or Organization Affiliation	: \ D	LA3211C
Business phone: Representing: Byd Mbr CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	•	0.	1 1 1 1 7 7
Business phone: Representing: Byd Mbr CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Address:		LA 90057-111C
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address:	Street	City	State Zip
Client Name: Phone #:	Business phone:	Representing:	Brd Nor
Client Name: Phone #:			
Client Address:	CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:
Client Address:	Client Name:		Phone #
Client Address: Street City State Zip		APPROX. (2)	1 110110 11.
Street City State Zip	Client Address:		
	Street	City	State Zip

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

Date	THE CITY COUNCIL'S RULES OF		Council File No., A	genda Item, or Case No.
0/4/11	DECORUM WILL BE ENFORCED.	· <u>L</u>		· · · · · · · · · · · · · · · · · · ·
I wish to speak before the	·			man superior control of the su
Na	ame of City Agency, Department, Comm	ittee or C	ouncil	
	comment, or to speak for or against a	proposal	on the agenda?	() For proposal () Against proposal
Name: Mimi SDH		1/2		() General comments
Business or Organization Affiliation:	SBIU/Residu			
Address: 13000 B		radu	Holls	A
Street	City		State L	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT	INFORM	MATION BELOW	:
Client Name:			Pho	one #:
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.