Date	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	ES OF	le No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department	Committee or Council	-086	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal				
	& Richard		() General comments	
Business or Organization Affiliat	ion: <u>Davare</u> (it	izen	00031	
Address: Street	City	State	Zip	
Business phone: 2 44 415	0100			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	MHMMMMMH111111111111111111111111111111		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 / 19/11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council
Do you wish to provide general pu	iblic comment, or to speak for or against a pro	pposal on the agenda? () For proposal
Name: Alex Ventu	га	(×) Against proposal >> (×) General comments
Business or Organization Affiliatio		; ;
Address: 411 Chey Cha	se Atweter Village	(A) 90039 State Zip
Business phone: (80) 67747	93 Representing: <u>514 cm/</u>	AUN C
·	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION 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 - 1 8 - 1 \	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	osal on the agenda? () For proposal	
Name: AR NOC	o SAEHO	() Against proposal () General commen	
Business or Organization Affilia	ation:		
Address:Street	Vennox City	State Zip	
	Representing:	•	<u>i</u>
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	4
Client Name:		Phone #:	
Client Address:Street			

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

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Date	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, Commit	M. C. d. ttee or Council
Do you wish to provide general p	public comment, or to speak for or against a p	
Name:	As WALSH	(🕹) Against proposal () General comments
Business or Organization Affiliati	on:	1 A high fands war
Address:	<u> </u>	
Street	* Oity	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City.	Charles 710
Street	City	State Zip

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Date / 14/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. Rocolution CR
I wish to speak before the, Na	ame of City Agency, Department, Committee	or Council	
Do you wish to provide general public	c comment, or to speak for or against a prop	oosal on the agenda?	'() For proposal (⇒ Against proposal
Name: , KOK	OF 3		() General comments
Business or Organization Affiliation:	50K		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w :
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date - 1 8 - 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	Name of City Agency, Department, Committee or	· Council		
	public comment, or to speak for or against a propos	al on the agend		
Name:	McOSKer	·	() Against p () General (oroposai comments
Business or Organization Affiliat	tion: UNITED FIREFIGHT	rens		
Address: Street	Beverly BL. LA C	State	Zip	
Business phone: 485	- 209 Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:	
Client Name:			Phone #:	
Client Address:				
Street	City	State	Zip	
Please see reverse of card	for important information and submit this entire card	to the presidin	g officer or chair	oerson.