CF#11-1020-SI

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Date 2-17-5	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	EAM Committee of Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general posture:			? (X) For proposal ( ) Against proposal ( ) General comments
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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, ,			
Date 17/15	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 of	or Council	
Do you wish to provide general p	public comment, or p speak for or against a propo	sal on the agenda?  for proposal	
Business or Organization Affiliation Address: Street	on: NC Congress C Palma BIVA Venice	ommittee CA 90291	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:	
Client Name:		Phone #:	
Client Address:Street	City	State Zip	

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Date 2-17-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.		
I wish to speak before the Colocation 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: Lydia C	Frant		( ) Against proposal     ( ) General comments		
Business or Organization Affiliation	on:				
Address: On Street	City	State	Zip		
Business phone:	Representing: Wyself				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		P	hone #:		
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.
8/17/14	DECORUM WILL BE ENFORCED.	<	5
I wish to speak before the	E+N		
	lame of City Agency, Department, Committee or	Council	
Do you wish to provide general publi	lic comment, or to speak for or against a propos	cal on the agenda	For proposal  ( ) Against proposal  ( ) General comments
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip