Date: 04/26/2017

Council File No., Agenda Item, or Case Item NO. (22) - 12-1055

State

Zip

I wish to speak before the Council Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment Name: Eric Preven Business or Organization Affiliation: Address: _____Street City State Business Phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: ____ Phone#: Client Address:

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Citv

Street

Date: 04/26/2017

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Council File No., Agenda Item, or Case Item NO. (22) - 12-1055

Do you wish to provide general public com	ment, or to speak for or again	st a proposal on the agenda?	General Comment	
Name: Puppet And Wayne				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIENT	Γ INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
Stre	et	City	State	Zip

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Date: 04/26/2017

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Council File No., Agenda Item, or Case Item NO. (22) - 12-1055

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Do you wish to provide gen	eral public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Jwalsh				
Business or Organization A	ffiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	nting:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CI	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	O:t.	04-4-	7 :
	Sireei	City	State	7in

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Date: 04/26/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (22) - 12-1055

Do you wish to provide gener	al public comment, or to speak for	or against a proposal on the agenda? G	eneral Comment	
Name: Herman Bitch				
Business or Organization Affi	liation: Mental Illness			
Address:		Watts		90002
	Street	City	State	Zip
Business Phone:	Repre	esenting: Black Sabbbath 666		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip