Date: 11/28/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (3) - 12-1696

Do you wish to provide	general public comment, or to speak for o	r against a proposal on the agenda? (	General Comment	
Name: Michael W	/hite			
Business or Organizati	on Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	enting:		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PROVIDE (	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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

Date: 11/28/2017

Client Address:

Street

I wish to speak before the Council

Council File No., Agenda Item, or Case

State

Item NO. (3) - 12-1696

Zip

Do you w	vish to provide general public comment, or	to speak for or against a pro	oposal on the agenda?	General Comment	
Name: _	666 Herman				
Business	or Organization Affiliation:				
Address:					
	Street		City	State	Zip
Business	Phone:	Representing:			
CHECK I	HERE IF YOU ARE A PAID SPEAKER AN	D PROVIDE CLIENT INFO	RMATION BELOW:		
Client Na	ıme:			Phone#:	

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

City

Date: 11/28/2017

Council File No., Agenda Item, or Case

Item NO. (3) - 12-1696

I wish to speak before the Coun	ICII			
Do you wish to provide general	public comment, or to speak for or a	against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization Affilia	tion:			
Address:				
	Street	City	State	Zip
Business Phone:	Represer	nting:		_
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:		211		
	Street	City	State	7in

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

Date: 11/28/2017

Council File No., Agenda Item, or Case

State

Item NO. (3) - 12-1696

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	
Danisa Nissa			
Name: Denysse Nunez			
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business Phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AN	ID PROVIDE CLIENT INFORMATION BELOW:		
Client Name:	Phone#:		
Client Address:			

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

City

Street