Date: 03/28/2017

Council File No., Agenda Item, or Case

Item NO. (9) - 13-1105

I wish to speak before the Council				
Do you wish to provide general public commen	nt, or to speak for or against a pro	oposal on the agenda?	General Comment	
Name: Eric Preven				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER	R AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
Street		City	State	Zip

Date: 03/28/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (9) - 13-1105

Do you wish to provide general public co	mment, or to speak for or against	a proposal on the agenda?	General Comment	
Name: ARNOLD SACHS				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPE	EAKER AND PROVIDE CLIENT I	NFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
St	reet	City	State	Zip

Date: 03/28/2017

Council File No., Agenda Item, or Case

Item NO. (9) - 13-1105

I wish to speak before the	ne Council				
Do you wish to provide	general public comment, or to sp	eak for or against a propos	al on the agenda?	General Comment	
Name: Walsh					
Name. <u>vvaisii</u>					
Business or Organization	on Affiliation:				
Address:					
, tadi 000.	Street		City	State	Zip
Business Phone:		Representing: Jwalsh	confidential.Co	m	
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PF	OVIDE CLIENT INFORMA	TION BELOW:		
Client Name:				Phone#:	
Client Address:					
_	Street		City	State	Zip

Date: 03/28/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (9) - 13-1105

Do you wish to provide general public co	mment, or to speak for or against	a proposal on the agenda?	General Comment	
Name: ARNOLD SACHS				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPE	EAKER AND PROVIDE CLIENT I	NFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
St	reet	City	State	Zip