14-0171

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 2-(1-)4	THE OIT	Y COUNCIL'S RULES JM WILL BE ENFORC		Council F	ile No., Ager	nda Item, or Case No.
2-11-17		IN WILL DE ENCONU	EV.	7 18		
I wish to speak before the	City Cou	NCI				
	Name of City A	gency, Department, Co	mmittee or C	ouncil		
Do you wish to provide gener		r to speak for or again	st a proposal	on the ag	enda? (For proposal Against proposal
Name: Marian	Dodge				(`)	General comments
Business or Organization Affil	Name of the last o	ation of Hil	Iside &	Can	yon.	Assas, Ir
Address: P.O.Boy_ Street	27404	City	C	State	1900	27 7in
Business phone:		·		Otate		Σ.μ
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:					Phone	#:
Client Address:		City		State		Zip

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Date 2/11/14	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	<i>3</i>	Agenda Item, or Case No.	
I wish to speak before the	1			
	Name of City Agency, Department, Co	ommittee or Council		
	oublic comment, or to speak for or again	ıst a proposal on the agenda?	For proposal Against proposal General comments	
Business or Organization Affiliation:				
Address: 62/7 1	LUCCA ST LI	A CA 900 State	Zip	
	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Pr	one #:	
Client Address:				
Street	City	State	Zip	

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THE CITY COUNCIL'S RULES OF	Council File No	o., Agenda Item, or Case No.
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City Can	- 1/	
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e of City Agency, Departmént, Committee o	r Council	
		o () For proposal
omment, or to speak for or against a propos	sal on the agenda	(/) Against proposal
HIGH		() General comments
City	State	Zip
Representing:		
SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	OW:
	F	Phone #:
City	State	Zip
	e of City Agency, Department, Committee or omment, or to speak for or against a proposed of City City Representing:	DECORUM WILL BE ENFORCED. Council of City Agency, Department, Committee or Council mement, or to speak for or against a proposal on the agenda City State Representing: SPEAKER AND PROVIDE CLIENT INFORMATION BELO

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Date THE CIT DECORE	TY COUNCIL'S RULES OF UM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Council			
Name of City A	agency, Department, Committee or	Council		
Do you wish to provide general public comment, o		al on the agenda? () For proposal Against proposal		
Name: VICTOR MARM	21V	() General comments		
Business or Organization Affiliation:	mon who op	ricts		
Address: 1875 Century Pa	rk East. Los Ange	ly CA 90067		
Business phone: 305518100 Repr	esenting: Samile La	State Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Tami e La UVI		Phone #:		
Client Address: 333 WPN de 01	o Rd, Willyell	CA 90077		
Street	City	State Zip		