

EXCEPTIOT	HE EXTENT NECESSARY FOR THE PRESIDING	OFFICER TO CALL OPON	100
Date 5/7/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before the	NERGY & ENVIRONMENT COM		
	Name of City Agency, Department, Commit	tee or Council	
Do you wish to provide general i	public comment, or to speak for or against a p	proposal on the agenda?) For proposal) Against proposal
Name: JOSIC TO	rate) General comments
Business or Organization Affiliati	ion: Lake View terrac	e Improvera	nd pssoci
Address: 1/367 (90/C)	tast Lutica-	91342	
	2791 Representing: LVTIA	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:			
Street	City	State	Zip

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I wish to speak before the LA CITY ENERGY & ENVIRO - COMMITTEE Name of City Agency, Department, Committee or Council				
Do you wish to provide general public comment, or to spe				
Business or Organization Affiliation:	1			
Address: U801 GAGFZ ST	City	CA 91342 State Zip		
Business phone: Representing				
CHECK HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT INFO			
Client Name:		Phone #:		
Street	City 13	State Zip		

EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL OPON YOU
Date 5-7-14 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. 4- 14-0331
wish to speak before the Energy + Environment, 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: $DAVE$ DEP_{INTO} () Against proposal () General comments
Business or Organization Affiliation: Self + Shadow Hills Prop. Owners Asen. (SHP C
Address: 10435 Mary Bell Ave- Shadow Hills CA 91040
Address: 10435 Mary Bell Ave- Shadow Hills CA 91040 Street Susiness phone: 310-502-7928 Representing: Self + SHPOA State Sta
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name:Phone #:
Client Address:
Street City State Zip

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EXCEPT TO THE EXTENT NECESSARY	FOR THE P	RESIDING OFFICER	TO CALL UI	PON YOU	
Date 5/7/14 THE CITY COUNDECORUM WIL				io., Agenda Item, or Cas 4-033/	e No.
I wish to speak before the Energy of Binn	reorner	Hon.			
Name of City Agency, I	Departmen	t, Committee or Cou	ncil		
Do you wish to provide general public comment, or to spenders:	eak for or a	gainst a proposal on	the agend	a? () For proposal () Against prop () General com	osal
Business or Organization Affiliation:	<i>Y.</i>				Mia.
Address: 11453 alberni ave 1	1.11.	CN 9134	2	9/342	
Business phone: Street 8/8 896 65 Depresenting	City <i>)</i> J:	Self.	State	ΖIp	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				Phone #:	
Client Address:					
Street	City		State	Zip	

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Date , , , Council File No., Agenda Item, or Case No.
05/07/14 DECORUM WILL BE ENFORCED. 175m 4
I wish to speak before the Lo3 Abgoles Energy and Environment Contitte
Name 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? (*X) For proposal (*) Against proposal
Name: W://:an Z. Schenewek, PhD () General comments
Business or Organization Affiliation:
Address: 5060 San Rafael Lvan Ve
No 17 Z Street City State Zip
Businese phone: 323 257 6672 Representing: LKD WP Rate Payer
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address:

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	INCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
5-7-2014 DECORUM WIL	LL BE ENFORCED.	14-0331 stem #4	
	ENVIRONMENT		
Name of City Agency,	Department, Committee or 0	Council	
Do you wish to provide general public comment, or to sp	eak for or against a proposa	I on the agenda? For proposal	
Name: MYE O'GARA		() Against proposal () General comments	
Business or Organization Affiliation:	ey Area Newho	orhood Council	
Address: 9301 CANUGA P	Ive Synvalle	1 CN 91382	
Business phone: 818 7676766 Representing	g: Myse/F	State Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:			
Street	City	State Zip	

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Date 5/7 / 1 M	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED				
I wish to speak before the	ERGY MA ENVIRONMENT Name of City Agency, Department, Comm	nittee or Council			
Do you wish to provide general posterior Name: N	oublic comment, or to speak for or against a	a proposal on the agenda? (/) For proposal (/) Against proposal (/) General comments			
Business or Organization Affiliation: FOOTHILL TRAILS DISTRICT NELEBORHOOD COUNCIL					
Address: 10550 LA TU	NA CANYON RO. SUN VALLEY	CA 9/352 State Zip			
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:Street	City	State Zip			

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Date THE CITY COUDECORUM WIL			Council File	No., Agenda Item, or Case No.	
I wish to speak before the	Lhu	[Committee of	yr Coupeil		
Name of City Agency,	Departmen	i, Committee o	i Courion		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (*) For proposal (*) Against proposal					
Name: MULL SCORPO	A			() General comments	
Business or Organization Affiliation:	C	BURG	nombro		
Address: 11466 Oras A	20	T	CA	91342	
Street	City		State	Zip	
Business phone: Representing	ng:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
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