Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (19) - 14-0425-S10

Do you wish to provide	general public comment, or to speak for c	r against a proposal on the agenda?	General Comment	
Name: Saen				
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: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (19) - 14-0425-S10

Do you wish to provide genera	al public comment, or to speak for or a	against a proposal on the agenda?	General Comment	
Name: Juan T One				
Business or Organization Affil	iation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represer	nting:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	Citv	State	Zip

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

Date: 02/01/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (19) - 14-0425-S10

State

Zip

Do you wish to provide general public comment, o	or to speak for or against a proposal on the agenda?	General Comment	
Name: Oduduwa Babu-Olatunji			
Business or Organization Affiliation: Pan Afric	can Film Festival		
Address:			
Street	City	State	Zip
Business Phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER A	ND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			

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

City

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (19) - 14-0425-S10

Do you wish to provide general	public comment, or to speak for or a	against a proposal on the agenda?	General Comment	
Name: Seqnn				
Business or Organization Affilia	tion:			
Address:				
	Street	City	State	Zip
Business Phone:	Represer	nting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	O:t.	Ctoto	7:-
	Sireei	City	State	<i>7</i> in

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