

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date	2	THE CITY COUNCIL'S DECORUM WILL BE		Council File No	., Agenda Item, or Case No.
I wish to speak before	re the	Name of City Agency, Departi		O O aks/	
Do you wish to provi	de general p	ublic comment, or to speak for	or against a pro	posal on the agenda	? (() For proposal
Name:	00/	m WACS	1-/		() Against proposal () General comments
Business or Organization Affiliation:					
Address:	Chront	City		State	7:
		Representing:			Zip
CHECK HERE IF	OU ARE A	PAID SPEAKER AND PROV	IDE CLIENT IN	IFORMATION BELO	ow:
Client Name:				F	Phone #:
Client Address:					
	Street	City		State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.