

Date 6 19 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	
Do you wish to provide general	public comment, or to speak for or against a pro	oposal on the agenda? ( ) For proposal ( ) Against proposal (※) General comments
Business or Organization Affilia	KID ROW	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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 6/18//5  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Al the Committee on Hon Name of City Agency, Department, Committee of City Agency, City Agency	dessres 4	Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a prope	sal pp the agenda?	( ) For proposal
Name:  Business or Organization Affiliati	ion (MM)	er rue	Against proposal General comments
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Address:Street	City	State	Zip
Business phone:			
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Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

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Address:				
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Business phone:		Representing:		
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Client Address:				
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Date 6 (8 26) 5  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  The city Agency, Department, Committee of City Agency,	Council File No., Agenda Item, or Case No.  HGM + 4  CF 14-0655-S  Council
Do you wish to provide general public	comment, or to speak for or against a propo	sal on the agenda? ( ) For proposal
Name:RGN	RM JOH	( ) Against proposal ( ) General comments
Business or Organization Affiliation:	9755468 AND SOLLAHO	INS
Address: 1626 N. WLC	X AV. 4924 HOLTLO	J. CA. 90028
Ctroot	723 Representing: SHD RW	State Zip
Business phone: 333.445-0	M D Representing:	Restaurs
CHECK HERE IF YOU ARE A PAI	ID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 6/18/15		TY COUNCIL'S RULES OF UM WILL BE ENFORCED.	,	genda Item, or Case No.
l wish to speak before the _	Ad hoc con	monither on horele	ssnes, # 14-	0655-51
		Agency, Department, Comm		
Do you wish to provide gen Name: <u>Javel Eskij</u> Business or Organization A	ben Woah	or to speak for or against a	proposal on the agenda? ( (	) For proposal ) Against proposal ) General comments
Address: Voice			CA	
Street		City	State	Zip
Business phone:	Repr	esenting:		
CHECK HERE IF YOU A	RE A PAID SPEAKE	ER AND PROVIDE CLIENT	T INFORMATION BELOW	:
Client Name:			Pho	ne #:
Client Address:Street		City	State	Zip