14-1525

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Date (-20-15	т.	HE CITY COUNCIL'S RULES OF	Council File No., A	genda Item, or Case No.
/	D	ECORUM WILL BE ENFORCED.		
I wish to speak before t		f City Agency, Department, Commit	tee or Council	
Do you wish to provide	general public com	ment, or to speak for or against a p	roposal on the agenda?	() Against proposal
Name:		Evic Greven		() General comments
Business or Organization	on Affiliation:			
Address:Str			0	
		City Representing:	State	Zip
CHECK HERE IF YOU	J ARE A PAID SF	PEAKER AND PROVIDE CLIENT	INFORMATION BELOW	/:
Client Name:			Pho	one #:
Client Address:	eet .	City	State	Zip

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Date 1 5 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee	Council File No., Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a p	roposal on the agenda? () For proposal
Name:	Shu WALSH	() Against proposal () General comments
Business or Organization Affiliat	tion:	*
Address:Street	City	
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Address:Street	City	State Zip

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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
Name of City Agency, Department, Committee	or Council	
public comment, or to speak for or against a prop	oosal on the agenda	a? () For proposal (
ion:		
GRAND hA	Cut	40057
SRepresenting: SRCF	State	Zip
A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BEL	ow:
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	DECORUM WILL BE ENFORCED. Cory Govor Name of City Agency, Department, Committee public comment, or to speak for or against a property of the comment of th	DECORUM WILL BE ENFORCED. CITY COUNCI Name of City Agency, Department, Committee or Council public comment, or to speak for or against a proposal on the agendation: CORAND AA City State Representing: A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BEL

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Date	THE CITY COUNCIL'S I	TOLLS OF	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departm	ent, Committee or Cou	ncil	
Do you wish to provide general	public comment, or to speak for o	r against a proposal on	the agenda	Against proposal
Name:			/	() General comments
Business or Organization Affilia	tion:			
Address:				
Street	City		State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVI	DE CLIENT INFORMA	TION BELO	ow:
Client Name:			F	Phone #:
Client Address:				
Street	City		State	Zip

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Date 1/20/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No.
I wish to speak before the		on Courneil	
Do you wish to provide ge	Name of City Agency, Department, Committee of comment, or to speak for or against a propo MALGOT Bをいを71	sal on the agend	() Against proposal
	Affiliation: WOMEN AGAINST GUN	violence	
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	.ow:
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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Date 11 2015	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	or Council
Do you wish to provide gener	al public comment, or to speak for or against a propo	sal on the agenda? (For proposal
	SUSAN BLANIH	
Business or Organization Affil	liation: DTC CUALITION	
Address:Street		
Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 1/20 1/5		COUNCIL'S RULES OF M WILL BE ENFORCED.		No., Agenda Item, or Case No.
I wish to speak before the		COUNCIL ency, Department, Comm	ttee or Council	
Do you wish to provide genera	I public comment, or	to speak for or against a	proposal on the agend	la? K) For proposal
Name:	TERRY	MARQUEZ		() Against proposal () General comments
Business or Organization Affilia	ation: Byle	Heights STAK	e Holder MSS.	DeiATHW
Address:Street		City	State	Zip
Business phone:	Repres	,		Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT	INFORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:		Citv	State	Zip

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Date 11 70 11 7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED	177	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comr		
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agenda	? For proposal
Name: C A	0-1 1 6.6		Against proposal General comments
Business or Organization Affiliation	on: ICYCC		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN		hone #:
Client Address: Street	City	State	Zip

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Date // 20 / 20/5 I wish to speak before the	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	ee or Council
Name: 4060	public comment, or to speak for or against a property on: ALCO HOL TUST.	() Against proposal () General comments
Address:Street	City)	State Zip
	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 1/20/15 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of City Agency, City Agenc	Council File No., Agenda Item, or Case No.
Do you wish to provide genera Name: De NNis Business or Organization Affilia	I public comment, or to speak for or against a propo Hathaway ation:	osal on the agenda? () For proposal () Against proposal () General comments
Address:Street	City	State Zip
	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 1 120 1 15		NCIL'S RULES OF LL BE ENFORCED.	Council File No., Ago	enda Item, or Case No.
I wish to speak before theNan	CONN (i)	L Department, Committee	or Council	
Do you wish to provide general public	comment, or to spe	eak for or against a prop	osal on the agenda?	For proposal
Name: JORGR CIAS			() Against proposal) General comments
Business or Organization Affiliation:	Alcohol	justice		
Address:				
Address:Street		City	State	Zip
Business phone:	Representing	g:		
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND	PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:			Phon	ne #:
Client Address:				

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Date 1/20/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	CITY Council	
	Name of City Agency, Department, Committee	or Council
Do you wish to provide genera	al public comment, or to speak for or against a prop	osal on the agenda? (X) For proposal
	SARA COOLEY	() Adainst proposal
Name:	Shap cooling	() deficite community
Business or Organization Affilia	ation:	
Address:		
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zin