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Date 2/61/2017	DECORUM WII	INCIL'S RULES OF LL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the		Department, Committee	or Council	
Do you wish to provide general p	2100			? (X) For proposal () Against proposal () General comments
Business or Organization Affiliation	on: Foot Hill	AIDS Proj	ect	
Address: 233 wes	+ Hazzison	Clarenowi	CA State	91711 Zip
Business phone: 909-48	2-2066 Representing	g: FOOTHILL AIR	& Project	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:Street		City	State	Zip

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2,021 1 10 11		
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
7/1/17	DECORUM WILL BE ENFORCED.	19-1700 (#3)
I wish to speak before the	Housing Bumittee	
	Name of City Agency, Department, Committee or	r Council
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? () For proposal () Against proposal () General comments
rano.	1 0	0
Business or Organization Affiliation	on: AIDS Project Woo Arg	eles
Address: 611 5 Kings	1 0	CA 90005
Business phone: 23-201-1	983 Representing: Ala	State Zip
	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 3	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 of	Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a propos	al on the agenda?	() For proposal
Name:	puppet		() Against proposal () General comments
Business or Organization Affiliation	n:		
Address:Street		Charles	7:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

YOU ARE NOT I	REQUIRED TO PROVIDE PERSONAL INFORMATIO EXTENT NECESSARY FOR THE PRESIDING OFFICE	N IN ORDER TO SPEAK.
Date 2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Hein, o Case No.
I wish to speak before the		
1	Name of City Agency, Department, Committee or	Council
Do you wish to provide general pub Name: Business or Organization Affiliation:	lic comment, or to speak for or against a proposi	a on the agenda? () For proposal Against proposal General comments
Address:Street	C/V / 2 / / (A 6 10 23
Business phone:	Representing: 40	· 1/ 140-
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip