Date: 06/21/2017			_	Council File No., Agenda Item, or Case	
			Item NO. (	42) - 14-1729	
I wish to speak before the C	Council				
Do you wish to provide gen	eral public comment, or to speak for	or against a proposal on the agenda?	General Comment		
Name: Eric Preven					
Business or Organization A	ffiliation:				
Address:					
	Street	City	State	Zip	
Business Phone:	Repre	esenting:			
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Date: 06/21/2017			Council File No., Agenda Item, or Case	
			Item NO. (42) - 14-1729	
I wish to speak before the Co	ouncil			
Do you wish to provide gene	ral public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization Aff	iliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repro	esenting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 06/21/2017

Council File No., Agenda Item, or Case

		Item NO. (42) - 14-1729	
I wish to speak before the Council			
Do you wish to provide general public comment, o	r to speak for or against a proposal on the agenda?	General Comment	
Name: Fuck Herman 666			
Business or Organization Affiliation: Black Sal	bbath		
Address:			
Street	City	State	Zip
Business Phone:	Representing: Fuck Niggas Jew		
CHECK HERE IF YOU ARE A PAID SPEAKER AI	ND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			
Street	City	State	Zip

Date: 06/21/2017

Council File No., Agenda Item, or Case

			Item NO.	(42) - 14-1729
I wish to speak before the Counc	il			
Do you wish to provide general p	ublic comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Wayne From Enc	ino			
Business or Organization Affiliati	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Repre	senting:		
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip