

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

Name of City Agency, Department, Committee or Council  Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal Name:    Name:	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal Name:  Business or Organization Affiliation:  Address:  Street  City  State  Zip	Case No.
Name:	
Name:	sal .
Business or Organization Affiliation:  Address:	roposal
Silver City State Zip	
Silver City State Zip	
Business phone: Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: 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.

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Date 3 - 15/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	genda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a pro-		) For proposal ) Against proposal ) General comments
Business or Organization Affiliation	n:		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A Client Name:	PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW	
Client Address:Street	City	State	Zip

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Date 3-75-15	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	e or Council
Do you wish to provide genera	al public comment, or to speak for or against a pro	posal on the agenda? ( ) For proposal
Name:	Louie	( ) Against proposal ( ) General comments
Business or Organization Affili	iation:	
Address:	City	
Street	City	State Zip
Business phone:	Representing:	
	E A PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:		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.

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Date 63-25-2015	THE CITY COUNCIL'S DECORUM WILL BE EI		Council File No.	, Agenda Item, or Case No.
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I wish to speak before the	/ / all		Conter	npTuons
Will to speak before the	Name of City Agency, Departm	nent, Committee or	Council	1
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Do you wish to provide general p	public comment, or to speak for o	or against a proposa	al on the agenda	( ) Against proposal
Name:				( ) General comments
Business or Organization Affiliation	on: Public	interes.	5	
Address:				
Street	City	~X~	State	3Pn A
Business phone:	Representing:	, , , ,		HUN
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVI	DE CLIENT INFO	RMATION BELO	W.
CHECK HERE IF TOO ARE A		DE CLIENT INFO		
Client Name: UFE	& HonsiNo	En torce	mente	hone #:
Client Address: 2218	Kausen D	v shite	100	95458
Street	City	<b>A</b>	State	Zip
Please see reverse of card for	or important into ation and subj	mit this entire card	the presiding	fficer or charpetson