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Date 3 1311/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. 14-00 5 I to	Agenda Item, or Case No. 3 - 58 MASSA U 16
I wish to speak before the	Name of City Agency, Department, Committee o	r Council	7 1 100
	public comment, or to speak for or against a propo		() Against proposal
Business or Organization Affiliat	tion:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date Pg31, 2016 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
	Name of City Agency, Department, Committee	or Council	
1.0	lic comment, or to speak for or against a propo	osal on the agenda	For proposal () Against proposal () General comments
Address: 14 T18	Valley Vista, She	State State	2) CA 9 14
Business phone: 818981	868 Representing: Sef	State	Zip
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date		THE CITY COUNCIL'S RULES OF		Council File No., Agenda Item, or Case No.		
8/31/16	731/16 DECORUM WILL BE ENFO		Agenda	Item 19759 40		
I wish to speak before the		11	<u> </u>			
	Name of Ci	ity Agency, Department, Committee	e or Council			
Do you wish to provide general	public comme	nt, or to speak for or against a pro	posal on the agend	da? For proposal		
Name: Stephen W.	megorcho	k		() Against proposal () General comments		
r Business or Organization Affilia)					
Address: 7323 Vinn	ietka	Winnetta	C A State	91306		
Street		City	State	Zip		
Business phone:	R	epresenting:		- Francisco - Fran		
CHECK HERE IF YOU ARE	A PAID SPEA	AKER AND PROVIDE CLIENT IN	FORMATION BE	LOW:		
Client Name:				Phone #:		
Client Address:						
Street		City	State	Zip		

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8/31/16		INCIL'S RULES OF LL BE ENFORCED.	Council File I	No., Agenda Item, or Case No. 1 + em (19) 40
wish to speak before the	Name of City Assessed	Danastonast Cassositta	Causail	
	Name of City Agency,	Department, Committe	e or Council	
Do you wish to provide general pu	ublic comment, or to sp	eak for or against a pro	posal on the agend	la? For proposal
Name: Matthew Gre				() Against proposal () General comments
Business or Organization Affiliation				
Address: 45 22053 kee	svick st	Winnetka	State	9.1306 Zip
Business phone:	Representin	g:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT II	NFORMATION BEI	LOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF		, Agenda Item, or Case No.
8 31 (33	DECORUM WILL BE ENFORCED.	14-00	51-58
I wish to speak before the		Itemft	H. 40:41
	Name of City Agency, Department, Committee or	Council	
	ublic comment, or to speak for or against a propos		
Business or Organization Affiliatio	n:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO		
Olivert Address			
Client Address:Street	City	State	Zip