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Date 3/23/18	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	ed or Council
	public comment, or to speak for or against a p	/ dainet proposal
Name:	Wayne Spirks	() General comments
Business or Organization Affiliat	tion:	
Address:		
Street	City	State Zip
Business phone:	Representing:	
	A PAID SPEAKER AND PROVIDE CLIENT I	
Client Name:		Pnone #:
Client Address:		
Street	City	State Zip

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Date 3	715	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	Agenda Item, or Case No.
I wish to speak before		a of City Amanay Danastmant Commi	ttoo ar Council	
	ivam	e of City Agency, Department, Commit	ttee or Council	
	vide general public c	omment, or to speak for or against a p	proposal on the agend	? () For proposal Against proposal General comments
Name:		Janoon in (A)	1 1	The House
Business or Organi	ization Affiliation:	anjugne C	VTIZENS 1	manthrop
Address:				//
	Street	City	State	Zip
Business phone:		Representing:		
		SPEAKER AND PROVIDE CLIENT		LOW:
Client Name:			~	Phone #:
Client Address:		Chi	Otat-	7:-
	Street	City	State	Zip

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EXCEPTIO	THE EXTENT NECESSARITOR THE PRESIDING	OFFICER TO CALL OF ON TOO
Date 3/27	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, Committ	
Do you wish to provide general	al public comment, or to speak for or against a p	() General comments
Business or Organization Affilia	ation:	
Address: Street	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

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Date 3 //		THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of	5	, Agenda Item, or Case No.
Do you wish to prov		blic comment, or to speak for or against a propo		() For proposal
Name:		an Alcala		() Against proposal
Business or Organia	zation Affiliation	n:		
Address:	0:	0:	04-4-	7:
	Street	City	State	Zip
Business phone: _		Representing:		
		PAID SPEAKER AND PROVIDE CLIENT INF		
Client Name:			PI	hone #:
Client Address:	Street	City	State	Zip
	Sireet	City	State	Zip