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Date 2-17-15 I wish to speak before the LACC Name	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Educat Cun + Veishe of City Agency, Department, Committee	Agn#2 bohoods	County
Do you wish to provide general public of Name: What was a substitution of the Name: W	omment, or to speak for or against a prop	oosal on the agenda	? () For proposal Against proposal () General comments
Address:Street	2. (el City	State	Zip
Business phone 8 18-634-53	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

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Date 2/17/15 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Na	ame of City Agency, Department, Committee	or Council
Do you wish to provide general public Name: PICA Business or Organization Affiliation: Address: Hands	c comment, or to speak for or against a prop	() Against proposal
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	
Client Address:Street	City	State Zip

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Date 2 - 17 - VOIS	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item or Case No.
I wish to speak before the	ne of City Agency, Department, Committee or	Council Seneral Feels
Do you wish to provide general public of	comment, of to speak for or against a propos	sal on the agenda? () Against proposal
Business or Organization Affiliation:		
Address: P. O. Box 49	1187 AP	CA 900K9 State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 02-17-15		OUNCIL'S RULES OF VILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the		cy, Department, Committee		
Do you wish to provide general p	public comment, or to	speak for or against a propo	osal on the agenda?	For proposal
Name: Bruce	Kuyper	(pronounced	"Kyper")	() Against proposal () General comments
Business or Organization Affiliation	on: none		<u>'</u>	
Address: 11805 Bell	agio Rd.	L A	CA State	90049 Zip
Business phone:	Represen	ting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER A	ND PROVIDE CLIENT INF	FORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:		City	State	Zip

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Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
2-17-15	DECORUM WILL BE ENFORCED.	2	15-0067
I wish to speak before the Augustian	ne of City Agency, Department, Committee or	Maoels Council	Committee
Do you wish to provide general public	comment, or to speak for or against a proposa	al on the agenda?	For proposal
Name: Lydia Grant			() Against proposal () General comments
Business or Organization Affiliation:			
Address: On Street	City	State	Zip
Business phone:		otato	Z.IP
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		Pl	hone #:
Client Address:Street	City	State	Zip

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Date 2/17/15 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
	ne of City Agency, Department, Committee of	r Council	
Do you wish to provide general public Name:	comment, or to speak for or against a propos	sal on the agenda?	/ A
Business or Organization Affiliation:			
Address: Street	City	State	Zip
Business phone:	Representing:		
	O SPEAKER AND PROVIDE CLIENT INFO		
Client Name:	ACTANASC.	P	hone #:
Client Address:Street	City	State	Zip

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Date 2-/7-/5	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	E+H CommITTEE Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa		() Against proposal
Business or Organization Affiliati	on: BONC		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip

15-0067

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Date #EB17.2015	THE CITY/COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	m
Do you wish to provide general pu	ublic comment, or to speak for or against a propos		a? () For proposal () Against proposal () General comments
Business or Organization Affiliatio	n:		
Address:Street		01-1-	7
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:			Phone #:
Client Address:Street	City	State	Zip