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Date 2/24/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No. \$\ddot{2}\ls-0087
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a propo	osal on the agenda?	( ) For proposal ( ) Against proposal
Name: Sacos	Lies		( ) General comments
Business or Organization Affiliation	on: Metro		
Address: One Gal	leway Pl.	Ci-i-	7:
Business phone: (21)922	City -4132 Representing: Me too	State	Zip
		ORMATION BELO	w:
Client Name:		Pr	none #:
Client Address:			
Street	City	State	Zip

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Date  2 4-16  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee of	unte	Agenda Item, or Case No.
Do you wish to provide general Name:  Business or Organization Affilia	al public comment, or to speak for or against a proposed ation:	sal on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	w:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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Date 2, 24, 16	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 ouncil	
Do you wish to provide general p	oublic comment, or to speak for or <del>against</del> a pro	posal on the agenda?	( ) For proposal
Name:	ne from The	15	Cainst proposal     General comments
Business or Organization Affiliati	6n:		
Address:Street	City	State	Żip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:	Phone #:		none #:
Client Address:Street	City	State	Zip

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Do you wish to provide general p	ublic comment, or to speak for or against a propo		For proposal     Against proposal     General comments
Business or Organization Affiliation	on:		
Address:Street		0: :	
	City  Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOV	N:
Client Name:		Ph	one #:
Client Address:	City		