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| Date 0 - 31- 14                  | 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          |                |   |
| Do you wish to provide genera    | I public comment, or to speak for or against a proposa |                |   |
| Name:                            | Daniel CTUSS   |                | ( ) Against proposal     ( ) General comments |
| Business or Organization Affilia | ation:   |                |   |
| Address:                         |  |                |   |
| Street                           | City   | State          | Zip   |
| Business phone:                  | Representing:  |                |   |
| Client Name:                     | A PAID SPEAKER AND PROVIDE CLIENT INFO                 |                | OW: Phone #:                                  |
| Client Address:<br>Street        | City   | State          | Zip   |

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| Date  O 3 // C/  I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED AND ADDRESS OF THE PROPERTY OF THE PROPER | City Coone                  | genda Item, or Case No.                                |
|---|--|-----------------------------|--|
| Do you wish to provide gener                | ral public comment, or to speak for or against a WAUSH   | a proposal on the agenda? ( | For proposal     Against proposal     General comments |
|   | liation:   |                             |  |
| Address: Street                             | . /   City   | State                       | Zip  |
|   | Representing:  |                             | ,p   |
| CHECK HERE IF YOU ARE                       | E A PAID SPEAKER AND PROVIDE CLIEN   | NT INFORMATION BELOW        | /:   |
| Client Name:                                |  | Pho                         | one #:   |
| Client Address:                             |  |                             |  |
| Street                                      | City   | State                       | Zip  |

| NOTE: THIS IS A YOU ARE NOT REXCEPT TO THE B | A PUBLIC DOCUMENT SUBJECT TO POSTING<br>EQUIRED TO PROVIDE PERSONAL INFORMA<br>EXTENT NECESSARY FOR THE PRESIDING O | TION IN ORDER TO S   | PEAK,                                |
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| Date 7914                                    | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.   | Council File No      | Agendaritem, or Case No.             |
| I wish to speak before the                   |   |                      | U                                    |
|  | ame of City Agency, Department, Committee   | e or Council         |                                      |
| Name:  | ic comment, or to speak for or against a prop   | posal on the agenda? | Against proposal () General comments |
| Street //                                    | City  | State                | Zip                                  |
| Business phone:                              | Representing:   |                      |                                      |
|  | AID SPEAKER AND PROVIDE CLIENT IN   | IFORMATION BELO      |                                      |
| Choric Harrio.                               |   |                      | 10110 #1                             |
| Client Address:Street                        |   | 6                    |                                      |
| Street                                       | City  | State                | Zip                                  |

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| Date    1   3   4   4     I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No., Agenda Item, | or Case No.                        |
|--|---|--------------------------------|------------------------------------|
|  | lame of City Agency, Department, Committee            | or Council                     |                                    |
| Name:  |   | ( ) Agains<br>( ) Genera       | posal<br>t proposal<br>al comments |
| Address:Street                                       | City  | State Zip                      |                                    |
| Business phone:                                      | Representing:   |                                |                                    |
| CHECK HERE IF YOU ARE A PA                           | AID SPEAKER AND PROVIDE CLIENT IN                     | IFORMATION BELOW:              |                                    |
| Client Name:   |   | Phone #:                       |                                    |
| Client Address:                                      |   |                                |                                    |
| Street   | City  | State Zip                      |                                    |