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Date 2-17-2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
wish to speak before theN	ame of City Agency, Department, Committee of	or Council	
Do you wish to provide general publ Name: MIVIAM Ry	ic comment, or to speak for or against a propo		? () For proposal () Against proposal () General comments
Business or Organization Affiliation:			
Address:Street		0:11	7
	City Representing:	State	Zip
	AID SPEAKER AND PROVIDE CLIENT INF		ow:
			hana #
Client Name:		P	none #

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

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Date 2-17-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide generate	al public comment, or to speak for or against a propos	al on the agenda	? () For proposal
Name:	Evic Green		Against proposal General comments
Business or Organization Affili	iation:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
	E A PAID SPEAKER AND PROVIDE CLIENT INFO		ow: hone #:
Client Address:Street	City	State	Zip

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Date	
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.

I wish to speak be		lame of City Agency,	Department, Con	nmittee or Council		
Name:	onna Pe) Do -		a proposal on the agenda?	() Against	proposal comments
Address:	Street		City	State	Zip	
Business phone:		Representing		State	219	-
CHECK HERE IF	YOU ARE A PA	AID SPEAKER AND	PROVIDE CLIE	NT INFORMATION BELOV	v:	
Client Name:		3		Pr	one #:	
Client Address:	Street		Citv	State	Zip	

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Date	According to the posterior of the control of the co	O	No. of the second second
2-17-6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	ee or Council	
Kint	public comment, or to speak for or against a pr	roposal on the agenda?	() Against proposal
Name:	Somot		() General comments
Business or Organization Affiliat	tion:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	v:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

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