Date: 02/17/2017

Council File No., Agenda Item, or Case

			Item NO.	(4) - 16-0298
wish to speak before the 0 Do you wish to provide ger	Council neral public comment, or to speak for o	r against a proposal on the agenda?	General Comment	
Name: The Red Chie	ef Hunt			
Business or Organization A	Affiliation:			
Address:	Street	City	State	Zip
	Sileet	City	State	Ζιρ
Business Phone:	Repres	enting:		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	•			
	Street	City	State	Zip

Date: 02/17/2017

Council File No., Agenda Item, or Case

			Item NO	0. (4) - 16-0298
I wish to speak before Do you wish to provid		for or against a proposal on the agenda?	General Comment	
Name: Lotta Co	x			
Business or Organiza	ation Affiliation: Nc Emp W			
Address:	10820 Mlk			90018
	Street	City	State	Zip
Business Phone:	Re	epresenting:		
CHECK HERE IF YO	U ARE A PAID SPEAKER AND PROV	IDE CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 02/17/2017	e: 02/17/2017			Council File No., Agenda Item, or Case Item NO. (4) - 16-0298		
I wish to speak before the Co						
Do you wish to provide gener	ral public comment, or to speak for	or against a proposal on the agenda?	General Comment			
Name: Eric Preven						
Business or Organization Affi	iliation:					
Address:						
	Street	City	State	Zip		
Business Phone:	Repre	esenting:				
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BELOW:				
Client Name:			Phone#:			
Client Address:						
	Street	City	State	Zip		

Date: 02/17/2017

Council File No., Agenda Item, or Case

			Item NO.	. (4) - 16-0298
I wish to speak before the Do you wish to provide ge	e Council eneral public comment, or to speak for or a	gainst a proposal on the agenda?	General Comment	
Name: Puppet Mas	ter			
Business or Organization	Affiliation:			
Address:	Street	City	State	Zip
Business Phone:	Represent	ing:		
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	Zip