16-0379

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Date 4 5 6	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCEI	" "	, Agenda Item, or Case No.
// / I wish to speak before the	CHY	COUNCIL	
	Name of City Agency, Department, Com	mittee or Council	
Do you wish to provide general p	public comment, or to speak for or against	a proposal on the agenda	Proposal Against proposal Beneral comments
Business or Organization Affiliati	on:		
Address:	L-A		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip

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

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Date 4,15,16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
I wish to speak before theNam	ne of City Agency, Department, Committee or	Council	
Do you wish to provide general public o	comment, or to speak for or against a propos	al on the agenda?	? () For proposal Against proposal
Name: Wayk	from ENCINO		() General comments
Business or Organization Affiliation:	V		
Address:Street	City	State	Zip
Business phone:	Representing:		
	SPEAKER AND PROVIDE CLIENT INFO		ow:
Client Name:		P	hone #:
Client Address:	City	State	Zip
311661	City	State	حاب

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

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Date. (5/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Agenda Item, or Case No.
I wish to speak before the	COSWCLC		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a proposa	al on the agenda	? () For proposal () Against proposal
Name:	MADOOG		General comments
Business or Organization Affiliation	n:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:	 	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:			
Street	City	State	Zip

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Date 11 1 5 - 1	THE CITY COUNCIL'S F	RULES OF Cour	ncil File No., Agenda Item, or C	Case No.
(U) (b	DECORUM WILL BE EN	IFORCED.	7	
I wish to speak before the		M		
	Name of City Agency, Department	ent, Committee or Council		
Do you wish to provide general	public comment, or to speak for or	against a proposal on the	e agenda? () For propos	sal
Name:		reiln		roposal
Business or Organization Affilia	tion:	,		
Address:		North Cardina	- Dan of City &	Risines
Street	City	S	tate Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVID	DE CLIENT INFORMATION	ON BELOW:	
Client Name:			Phone #:	
Client Address:				
Street	City	S	tate Zip	

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