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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Name of City Agency, Department, Committee or Council	
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal	
Against propo	sal nents
Name: PETTONI PETTONICAL SIGNIFICANT SIGNI	
Business or Organization Affiliation: Prouct Covote	
Address: P.O. Box 8924 CALABASAS 9130	2
Street City State Zip	
Business phone: Representing:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	
Client Address: Street City State Zip	

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., age m, or Case No.	
I wish to speak before the		ar Council	
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	() Against proposal	
Name:	DOMINION .	eneral comments	
Business or Organization Affiliati	ion:		
		4	
Address:			
Street	City	State Zip	
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIERT INFORMATION BELOW:			
Client Name:	1071	Phone #:	
Client Address:			
Street	City	State Zip	



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Date / /	THE CITY COUNCIL	'S RULES OF	Council File No., Ager	ida Item, or Case No.
8/3/16	DECORUM WILL BE	ENFORCED.	16-0.	585
wish to speak before the	Name of City Agency, Depart			COMMITTEE
Do you wish to provide general p	public comment, or to speak fo	or or against a proposa	al on the agenda?) For proposal
Name: MARK ST	FINBERG		*	Against proposal General comments Propose affiched mendmen
Business or Organization Affiliati	ion:			- a menomica
Address: 2272 LIVE	OAK DR WEST	LOSI	NGCIES, CA	90068
Address: 2272 LIVE Street Business phone: 323-466-	-4009 Representing:	Self)	otate 7	
CHECK HERE IF YOU ARE				
Client Name:			Phone	e #:
Client Address:		ity	State	Zip
Sudel		ity	State	∠iγ

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8-3-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	rsonnel and Animal Welf		
	Name of City Agency, Department, Committee or	Council	
	bublic comment, or to speak for or against a proposa		
Business or Organization Affiliati	on:		
Address: 1623 Su	unnyside ter. Santedro Representing: Self	CA 90732	
Street Business phone:	Representing: Self	State Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone #:	
Client Address:Street	City	State Zin	

Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF **DECORUM WILL BE ENFORCED.** I wish to sheak before the Name of City Agency, Department, Committee or Council neral public comment, or to speak for or against a proposal on the agenda? () For proposal Do you wish to provide ge Against proposal General comments Name: Business or Organization Affiliation: Address: Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone 4 Client Address City Street State Zip

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Date 213116	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 or	Council	
Do you wish to provide general p	public comment, or to speak for or against a propose		
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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Date 8 3 1 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	e or Council	
	public comment, or to speak for or against a pro man ion: Natural Widte	posal on the agenda?	For proposal) Against proposal) General comments
Business or Organization Affiliati	on: National Wildlife	federation	
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:Street	City	State	Zip

EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO 💵 UPON YOU File No., Agend Date I wish to speak before the Name of City Agency, Department, Committee or Council Do you wish to provide general public complent, or to speak for or against a proposal on the agenda? () For proposal Against proposal General comments Name: Business or Organization Affiliation: Address: _____ City State Business phone: _____ Representing: _____ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Client Address: City State Zip