Date: 03/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 16-0738-S3

Do you wish to provide general pu	blic comment, or to speak for or aga	inst a proposal on the agenda?	General Comment	
Name: Wayne From Enci	no			
Business or Organization Affiliation	n:			
Address:				
	Street	City	State	Zip
Business Phone:	Representing	g:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 03/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 16-0738-S3

Do you wish to provide g	eneral public comment, or to speak for c	or against a proposal on the agenda?	General Comment	
Name: Dan				
Business or Organization	n Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	enting:		
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 03/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 16-0738-S3

Do you wish to pro	ovide general public comment, or to speak for or agair	nst a proposal on the agenda?	General Comment	
Name: Herma	an Bitch			
Business or Orga	nization Affiliation: 666 Bitch			
Address:				90002
	Street	City	State	Zip
Business Phone:	Representing	: NWA		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address: _		011	20.1	
	Street	Citv	State	Zip

Date: 03/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (32) - 16-0738-S3

Do you wish to provide general public of	comment, or to speak for or agains	st a proposal on the agenda?	General Comment	
Name: Herman				
Business or Organization Affiliation:				
Address:		Fuck You		90002
Stree	et	City	State	Zip
Business Phone:	Representing:_	NWA		
CHECK HERE IF YOU ARE A PAID SF	PEAKER AND PROVIDE CLIENT	INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
S	Street	City	State	Zip