Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (5) - 16-0900-S29

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

Date: 02/01/2017

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Council File No., Agenda Item, or Case Item NO. (5) - 16-0900-S29

Do you wish to provide general	public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Juan T One				
Business or Organization Affilia	ition:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	nting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CI	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	7in
	200661	LIIV	Siale	/ I()

Date: 02/01/2017

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Council File No., Agenda Item, or Case Item NO. (5) - 16-0900-S29

Do you wish to pro	ovide general public comment, or to speak t	for or against a proposal on the agenda?	seneral Comment	
Name: Herma	anU Fools			
Business or Organ	nization Affiliation: Trump First Amer	ndment		
Address:	42 U S C 1983	La Sinners		90002
	Street	City	State	Zip
Business Phone:	Re _l	oresenting: ADA Title 13132		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVI	DE CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address: _				
	Street	City	State	Zip

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (5) - 16-0900-S29

Do you wish to pro	vide general public comment, or to speak for o	or against a proposal on the agenda?	General Comment	
Name: Seqnn				
Business or Organ	ization Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone: _	Repres	senting:		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip