Date: 02/01/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (7) - 16-0900-S31

State

Zip

Do you wish to provide	general public comment, or to speak fo	r or against a proposal on the agenda?	General Comment	
Name: ARNOLD S	SACHS			
Business or Organization	n Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repr	resenting:		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

City

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (7) - 16-0900-S31

Do you wish to provide general public of	comment, or to speak for or ag	ainst a proposal on the agenda?	General Comment	
Name: Juan T One				
Business or Organization Affiliation:				
Address:				
Stre	et	City	State	Zip
Business Phone:	Representir	ng:		
CHECK HERE IF YOU ARE A PAID SI	PEAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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Date: 02/01/2017

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Council File No., Agenda Item, or Case Item NO. (7) - 16-0900-S31

Do you w	ish to provide general public comment, or to speak	for or against a proposal on the agenda? Ge	eneral Comment	
Name: _	HermanU Fools			
Business	or Organization Affiliation: Trump First Ame	endment		
Address:	42 U S C 1983	La Sinners		90002
	Street	City	State	Zip
Business	Phone: Re	epresenting: ADA Title 13132		
CHECK I	HERE IF YOU ARE A PAID SPEAKER AND PROV	/IDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ac	dress:			
	Street	City	State	Zip

Date: 02/01/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (7) - 16-0900-S31

Do you wish to provide gener	al public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Seqnn				
Business or Organization Affi	liation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

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