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

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Date 7 30 6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.
Luigh to angel hefers the		OF.	16-0997
I wish to speak before the	Name of City Agency, Department, Committee or		
	ublic comment, or to speak for or against a propose	H on the agenda? () For proposal) Against proposal General comments
Name:	1111120		General comments
	n:		
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	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW	:
Client Name:		Pho	ne #:
Client Address:			
Street	City	State	Zip

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Date I wish to speak before the Na	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	At /6	No., Agenda Item, or Case No.
Do you wish to provide general public	comment, or to speak for or against a propos	al on the agend	la? () For proposal () Against proposal () General comments
Business or Organization Affiliation: _	/ Δ	4	
Address:Street	City	State	Zip
Business phone:			
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	LOW:
Client Name:			Phone #:
Client Address:	City	State	Zip

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal () Against proposal					
Name: Jamie (Hall	(X General comments			
Business or Organization Affiliation	on: Channel Law 6	RONO. L. 16/15 04 9021/			
Address: Street Street 9	82-17 Representing: Bel A	State Zip			
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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Do you wish to provide general public comment, or to speak for or against a proposal on to Name:	he agenda? () For proposal () Against proposal () General comments			
Business or Organization Affiliation:				
Address: 1900 AVR. of the Stars, Flufly L.A., CA 90 Street	State Zip			
Business phone: (310) 712 - 6833 Representing: Applicant	1/2			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Trone Residence, UC	Phone #:			
Client Address: Street City	State Zip			