Date: 07/25/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (15) - 16-1060-S1

Do you wish to provide general pub	lic comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Eric Preven				
Business or Organization Affiliation	:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE A PAII	O SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	7in

Date: 07/25/2017

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Council File No., Agenda Item, or Case Item NO. (15) - 16-1060-S1

Do you wish to provide general p	ublic comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Wayne From Enc	ino			
Business or Organization Affiliation	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE A P.	AID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 07/25/2017

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Council File No., Agenda Item, or Case Item NO. (15) - 16-1060-S1

Do you v	wish to provide general public comment, o	or to speak for or against a proposal on the agenda? Ge	neral Comment	
Name: _	Hohoho Hermann			
Busines	s or Organization Affiliation: 42usc198	83		
Address	::			90002
	Street	City	State	Zip
Busines	s Phone:	Representing: D Chuck Repeal Replace		
CHECK	HERE IF YOU ARE A PAID SPEAKER A	AND PROVIDE CLIENT INFORMATION BELOW:		
Client N	ame:		Phone#:	
Client A	ddress:			
	Street	City	State	Zip

Date: 07/25/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (15) - 16-1060-S1

Do you wis	in to provide general public comment, or to speak in	or against a proposal on the agenda?	General Comment	
Name: P	Prentiss Jenkins			
Business o	r Organization Affiliation: Peace Between R	esidents And Police		
Address:	423 E. 7th St. #422	L. A.	Ca	90014
	Street	City	State	Zip
Business P	Phone: 2139498748 Rep	oresenting: Myselr		
CHECK HE	ERE IF YOU ARE A PAID SPEAKER AND PROVID	DE CLIENT INFORMATION BELOW:		
Client Nam	ne:		Phone#:	
Client Addr				
	Street	City	State	Zip