Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to	provide general public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Hern	nan 666 HHH			
Business or Orç	ganization Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone	e: Represe	enting:		
CHECK HERE	IF YOU ARE A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:		
Client Name: _			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide g	eneral public 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 A	RE A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	Citv	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide general p	ublic comment, or to speak for or a	gainst a proposal on the agenda?	General Comment	
Name: John Walsh				
Business or Organization Affiliation	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Represent	ing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	Citv	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide gene	eral public comment, or to speak for or	r against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization Af	ffiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

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

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide gene	eral public comment, or to speak for or	r against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization Af	ffiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

State

Zip

Do you wish to provide general public cor	nment, or to speak for or against a	proposal on the agenda?	General Comment	
Name: Greg Suscq				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIENT INF	ORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				

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

City

Date: 10/13/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

State

Zip

Do you wish to provide general public comment,	, or to speak for or against a pro	posal on the agenda?	General Comment	
Name: Gregsuca				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER	AND PROVIDE CLIENT INFOR	RMATION BELOW:		
Client Name:			Phone#:	
Client Address:				

City

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide genera	al public comment, or to speak for o	r against a proposal on the agenda?	General Comment	
Name: Alex				
Business or Organization Affil	iation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	enting:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Street

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

State

Zip

Do you	wish to provide general public comment, or to s	peak for or against a proposal on the agenda? (General Comment	
Name: _	Fernando			
Busines	s or Organization Affiliation:			
Address	S:			
	Street	City	State	Zip
Busines	ss Phone:	Representing:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND P	ROVIDE CLIENT INFORMATION BELOW:		
Client N	lame:		Phone#:	
Client A	address:			

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

City

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

Do you wish to provide genera	al public comment, or to speak for o	r against a proposal on the agenda?	General Comment	
Name: Alex				
Business or Organization Affil	iation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	enting:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (11a) - 17-0005-S273

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