Date: 03/29/2017			Council File No., Agenda Item, or Case	
			Item NO. (24) - 17-0027	
I wish to speak before the Co	ouncil			
Do you wish to provide gener	al public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Walsh				
Business or Organization Affi	liation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repre	esenting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 03/29/2017			Council File No., Agenda Item, or Case		
			Item NO. (24) - 17-0027	
I wish to speak before the C	Council				
Do you wish to provide gen	eral public comment, or to speak for	or against a proposal on the agenda?	General Comment		
Name: Eric Preven					
Business or Organization A	ffiliation:				
Address:					
	Street	City	State	Zip	
Business Phone:	Repre	senting:			
CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Date: 03/29/2017

Council File No., Agenda Item, or Case

Item NO. (24) - 17-0027

I wish to speak before Do you wish to prov	ore the Council vide general public comment, or to speak fo	or or against a proposal on the agenda?	General Comment	
Name: FuckU	Herman			
Business or Organi	zation Affiliation: Nwa			
Address:	Cohen V CA	Watts		90002
	Street	City	State	Zip
Business Phone: _	Rep	resenting: 42USC1983		
CHECK HERE IF Y	OU ARE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 03/29/2017		Council File No., Agenda Item, or Case		
			Item NO. (24) - 17-0027	
I wish to speak before the Counc			-	
Do you wish to provide general p	ublic comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Antonia Ramirez				
Business or Organization Affiliation	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	nting:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip