Date: 06/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (12) - 17-0276-S2

Do you w	ish to provide general public comment, or to spe	eak for or against a proposal on the agenda? (General Comment	
Name: _	Ssen			
Business	or Organization Affiliation:			_
Address:				
	Street	City	State	Zip
Business	Phone:	Representing:		
CHECK H	HERE IF YOU ARE A PAID SPEAKER AND PR	OVIDE CLIENT INFORMATION BELOW:		
Client Na	me:		Phone#:	
Client Ad				
	Street	City	State	Zip

Date: 06/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (12) - 17-0276-S2

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:	Representing:			
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: 06/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (12) - 17-0276-S2

Do you v	vish to provide general public comment, or to	o speak for or against a proposal on the agend	a? General Comment	
Name: _	Mohummad Attah			
Business	s or Organization Affiliation:			
Address	:			
	Street	City	State	Zip
Business	s Phone:	Representing: LAX Pilots Consier	ge Srvs.	
CHECK	HERE IF YOU ARE A PAID SPEAKER AND	PROVIDE CLIENT INFORMATION BELOW:		
Client Na	ame:		Phone#:	
Client A	ddress:			
	Street	City	State	Zip

Date: 06/07/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (12) - 17-0276-S2

Do you wish to provide general pu	blic comment, or to speak for or aga	inst a proposal on the agenda?	General Comment	
Name: Wayne From Enci	no			
Business or Organization Affiliation	n:			
Address:				
	Street	City	State	Zip
Business Phone:	Representing	g:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip