Date: 05/16/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (18) - 17-0312

Do you wish to provide gene	ral public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Eric Preven				
Business or Organization Aff	iliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represei	nting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 05/16/2017

Lwish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (18) - 17-0312

. Mon to opean before the evant	/ ''			
Do you wish to provide general p	public comment, or to speak for or	against a proposal on the agenda?	General Comment	
Name: Herman				
Business or Organization Affiliati	ion:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting: Nwa		
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	State	Zin
	OTIERI	LIIV	Siale	/ I()

Date: 05/16/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (18) - 17-0312

Do you wish to provide general public comment, or	r to speak for or against a proposal on the agenda? G	eneral Comment	
Name: Herman			
Business or Organization Affiliation:			
Address:	Bitch		
Street	City	State	Zip
Business Phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AN	ND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:Street	City	State	- Zin

Date: 05/16/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (18) - 17-0312

Do you v	wish to provide general public comment, or to spea	k for or against a proposal on the agenda?	General Comment	
Name: _	Walsh			
Business	s or Organization Affiliation:			
Address	:			
	Street	City	State	Zip
Business	s Phone: F	Representing:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PRO	VIDE CLIENT INFORMATION BELOW:		
Client Na	ame:		Phone#:	
Client Ad	ddress:			
	Street	City	State	Zip