Date: 09/19/2017

Council File No., Agenda Item, or Case Item NO. (11) - 17-0376

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment

Name:	Puppet			
Busines	ss or Organization Affiliation:			
Address				
	Street	City	State	Zip
Busines	ss Phone: Repre	senting:		
CHECK	HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client N	lame:		Phone#:	
Client A	Address: Street	City	State	Zip
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NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 09/19/2017

Council File No., Agenda Item, or Case

Item NO. (11) - 17-0376

i wish to speak bei	ore the Council			
Do you wish to pro	vide general public comment, or to speak fo	r or against a proposal on the agenda? (General Comment	
Name: Rc Tho	ornton			
Business or Organi	ization Affiliation:			
Address:	7123 Macapa	Los Angeles		9006
	Street	City	State	Zip
Business Phone: _	Repr	esenting: Macapa Dr		
CHECK HERE IF \	YOU ARE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:			0	
	Street	Citv	State	Zip

Date: 09/19/2017

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Item NO. (11) - 17-0376

Do you wish to pro	vide general public comment, or to speak for or	against a proposal on the agenda? C	General Comment	
Name: David A	A Lopez			
Business or Organ	ization Affiliation: Lopez Architects AIA			
Address:	155 Granada St Ste L	Camarillo	Ca	9139
	Street	City	State	Zip
Business Phone: Repres		enting:		
CHECK HERE IF	YOU ARE A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW: X		
Client Name: Rc	Thornton		Phone#:	
Client Address:	7123 Macapa Dr	Los Angeles	CA	90068
	Street	City	State	7 in

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Item NO. (11) - 17-0376

Do you wish to prov	vide general public comment, or to speak for	or against a proposal on the agenda? G	eneral Comment	
Name: Lorena	Thornton			
Business or Organi	zation Affiliation:			
Address:	7123 Macapa Dr	Los Angeles	Ca	90068
	Street	City	State	Zip
Business Phone: _	Repre	esenting:		
CHECK HERE IF Y	OU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	Street	City	Ctoto	7:5
	Sireei	Citv	State	Zip

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