Date: 09/20/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (43) - 17-0510

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

Date: 09/20/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (43) - 17-0510

Do you wish to provide gen	eral public comment, or to speak for o	or against a proposal on the agenda?	General Comment	
Name: Herman 666				
Business or Organization A	ffiliation: Critic			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	senting: NWA 666666666		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 09/20/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (43) - 17-0510

Do you wish to provide general public	comment, or to speak for or ag	gainst a proposal on the agenda?	General Comment	
Name: Wayne From Encino				
Business or Organization Affiliation: _				
Address:				
Str	eet	City	State	Zip
Business Phone:	Represent	ting:		
CHECK HERE IF YOU ARE A PAID S	SPEAKER AND PROVIDE CLI	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 09/20/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (43) - 17-0510

Do you wish to provide gen	eral public comment, or to speak for o	or against a proposal on the agenda?	General Comment	
Name: Herman 666				
Business or Organization A	ffiliation: Critic			
Address:				
	Street	City	State	Zip
Business Phone:	Repres	senting: NWA 666666666		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip