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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
wish to speak before the			
	Name of City Agency, Department, Committee	ee or Council	
	eral public comment, or to speak for or against a pr	roposal on the agenda?	() For proposal () Against proposal () General comments
Name:	TAN INC	-/-/-	- , Goriolai commonia
Business or Organization Aff	iliation:	1/	
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:			
Street	City	State	Zip

17-0600-545

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Name.	
Name: David Sauders 7tems 22 3 () Against p	
	proposal
Dusings of Organization Affiliation:	comments
Business of Organization Affiliation:	
Address: 1045 1/21/5/1/28 51 1.4.	
Business phone (2) 3) 793 6373 Representing: 5E/W 721 89/54/10/19 UNITS	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	
Client Address: Street City State Zip	

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Date 9-20-17		NCIL'S RULES OF L BE ENFORCED.	Council File No.	., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, I	Department, Committee of	or Council	
Do you wish to provide general pu	ublic comment, or to spe			? (X) For proposal () Against proposal () General comments
Business or Organization Affiliation				
Address: 3655 S. Gr	nd fre # 250	LA		0007
Street Susiness phone: (413)27	2-1141 Representing	City	State	Zip
CHECK HERE IF YOU ARE A			ORMATION BELO	ow:
Client Name:			P	hone #:
Client Address:				
Street		City	State	Zip

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Pate 9-20-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
wish to speak before the	PAWS		
AND WALL SHELL THE PROPERTY HAVE	Name of City Agency, Department, Committee	or Council	
Name: Julia Bote		osal on the agenda?	For proposal Against proposal General comments
Business or Organization Affiliatio			
Address: 1465 E . :	23 ml St. LA	(A 90	011
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		PI	hone #:
Client Address:			
Street	City	State	Zip

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Pate 9-20-17		COUNCIL'S RULES OF I WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
wish to speak before the	PAV	NS		
	Name of City Age	ncy, Department, Committe	e or Council	
Do you wish to provide gene	ral public comment, or t	o speak for or against a pro	posal on the agenda?	For proposal
Name: Etu	nel White			Against proposal General comments
Business or Organization Aff				
Address: 546	7 6th Are	A	CA 900	43
Street	4	City	State	Zip
Business phone:	Represe	enting:		
CHECK HERE IF YOU AR	E A PAID SPEAKER	AND PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:			Ph	none #:
Client Address:				
Street		City	State	Zip