Date: 12/12/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (16) - 17-0725-S1

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: 12/12/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (16) - 17-0725-S1

Do you wish to provide general p	ublic comment, or to speak for or a	against a proposal on the agenda?	For Proposal	
Name: Pastor William Sr	nart			
Business or Organization Affiliati	on:			
Address:				
	Street	City	State	Zip
Business Phone:	Represer	nting:		
CHECK HERE IF YOU ARE A P	AID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:		0::	0	
	Street	Citv	State	<i>7</i> in

Date: 12/12/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (16) - 17-0725-S1

Do you wish to provide g	eneral public comment, or to speak for or	against a proposal on the agenda?	For Proposal	
Name: Alice Berlin	er			
Business or Organization	n Affiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU A	ARE A PAID SPEAKER AND PROVIDE C	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	Citv	State	Zip

Date: 12/12/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (16) - 17-0725-S1

Do you wish to provide gene	ral public comment, or to speak for or	against a proposal on the agenda?	For Proposal	
Name: Pastor Monroe	e Campbell			
Business or Organization Aff	filiation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip