Date: 07/26/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (36) - 17-0758

Do you wish to provide general public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Eric Preven			
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business Phone: Repre	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:Street	City	State	7in

Date: 07/26/2017

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Name: Eric Preven			
Business or Organization Affiliation:			
Address:			
Street	City	State	Zip
Business Phone: Repre	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:Street	City	State	7in

Date: 07/26/2017

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Council File No., Agenda Item, or Case Item NO. (36) - 17-0758

Do you wish to provide general public comment, or to sp	eak for or against a proposal on the agenda?	General Comment	
Name: FUCK HERMAN			
Business or Organization Affiliation: 420USC 1983	3		
Address:			90242
Street	City	State	Zip
Business Phone:	Representing: CA CONTITUTION		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PR	ROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			
Street	City	State	Zip

Date: 07/26/2017

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Do you wish to provide general public co	mment, or to speak for or ag	gainst a proposal on the agenda?	General Comment	
Name: Puppet Or Wayne				
Business or Organization Affiliation:				
Address:				
Stree		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SP	EAKER AND PROVIDE CLIE	ENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:	treet	City	State	7in
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Date: 07/26/2017

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Council File No., Agenda Item, or Case Item NO. (36) - 17-0758

Do you	wish to provide general public comm	ent, or to speak for or against a pr	oposal on the agenda?	General Comment	
Name: _	WALSH				_
Busines	s or Organization Affiliation:				
Address	::				
	Street		City	State	Zip
Busines	s Phone:	Representing:			
CHECK	HERE IF YOU ARE A PAID SPEAK	ER AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client N	ame:			Phone#:	
Client A	ddress:				
	Street		City	State	Zip