Date: 10/03/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (13) - 17-0780

Do you wish to provi	de general public comment, or to speak for	or against a proposal on the agenda? A	gainst Proposal	
Name: Heidi Ma	ackay			
Business or Organiz	ation Affiliation:			
Address:	4060 Alta Mesa	Studio City		91604
	Street	City	State	Zip
Business Phone:	Repre	esenting:		
CHECK HERE IF YO	DU ARE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/03/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (13) - 17-0780

Do you wish to prov	vide general public comment, or to speak for o	r against a proposal on the agenda? A	gainst Proposal	
Name: Suellen	Wagner			
Business or Organi	zation Affiliation:			
Address:	12184 Laurel Terrace	Studio City		91604
	Street	City	State	Zip
Business Phone: _	Represe	enting:		
CHECK HERE IF Y	OU ARE A PAID SPEAKER AND PROVIDE O	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/03/2017

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Council File No., Agenda Item, or Case Item NO. (13) - 17-0780

Do you	wish to provide general public comment, or	to speak for or against	a proposal on the agenda	a? General Comment	
Name:	Herman				
Busines	s or Organization Affiliation:				
Address					
	Street		City	State	Zip
Busines	s Phone:	Representing:_4	2USC1983		
CHECK	HERE IF YOU ARE A PAID SPEAKER AN	ID PROVIDE CLIENT IN	NFORMATION BELOW:		
Client N	ame:			Phone#:	
Client A	.ddress:				
	Street		City	State	Zip

Date: 10/03/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (13) - 17-0780

Do you wish to prov	vide general public comment, or to speak for o	r against a proposal on the agenda?	against Proposal	
Name: Sarah E	Boyd			
Business or Organi	zation Affiliation:			
Address:	3958 Van Noord Ave	Studio City	Ca	91604
	Street	City	State	Zip
Business Phone: _	Representing:			
CHECK HERE IF Y	OU ARE A PAID SPEAKER AND PROVIDE (CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip