Date: 09/20/2017			Council File No., Agenda Item, or Case		
			item NO. (31) - 17-0962	
I wish to speak before the Co	uncil				
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:	Repre	esenting:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE	E CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

Date: 09/20/2017		Council File No., Agenda Item, or Case Item NO. (31) - 17-0962	
Dato: 00/20/2011			
I wish to speak before the Council			
Do you wish to provide general public comme	ent, or to speak for or against a proposal on the agenda?	General Comment	
Name: Herman 666			
Business or Organization Affiliation: Critic	>		
Address:		0144	
Street	City	State	Zip
Business Phone:	Representing: NWA 6666666666		
CHECK HERE IF YOU ARE A PAID SPEAK	ER AND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			
Street	City	State	Zip

Date: 09/20/2017

Council File No., Agenda Item, or Case

24.01 00,20,2011		Item NO. (31) - 17-09		
I wish to speak before the C	Council			
Do you wish to provide gene	eral public comment, or to speak for	or against a proposal on the agenda?	General Comment	
Name: Wayne From	Encino			
Business or Organization A	ffiliation:			
Address:				
	Street	City	State	Zip
Business Phone:	Repre	esenting:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 09/20/2017		Council File No., Agenda Item, or Case Item NO. (31) - 17-0962	
Dato: 00/20/2011			
I wish to speak before the Council			
Do you wish to provide general public comme	ent, or to speak for or against a proposal on the agenda?	General Comment	
Name: Herman 666			
Business or Organization Affiliation: Critic	>		
Address:		0144	
Street	City	State	Zip
Business Phone:	Representing: NWA 6666666666		
CHECK HERE IF YOU ARE A PAID SPEAK	ER AND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone#:	
Client Address:			
Street	City	State	Zip