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YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 10-18-17	THE CITY COUNCIL'S RU DECORUM WILL BE ENF	JEEO OI	File No., Agenda Item, or Case No. 7 - 0974
I wish to speak before the	Public Works		
	Name of City Agency, Departmen	nt, Committee or Council	
	public comment, or to speak for or a	against a proposal on the a	genda? For proposal
Name: Frances L	Opez		() Against proposal() General comments
Business or Organization Affiliat	ion: Los Angeles Ci	sunty Brewer	s Guild
Address: PO BOY	3300 LA City	CA	90078
Business phone:	Representing:	eLL	zip
	A PAID SPEAKER AND PROVIDE		BELOW:
Client Name:			Phone #:
Client Address:			
Street	City	State	Zip

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Date 10-18-17	THE CITY COUNC		Council File N	o., Agenda Item, or Case No.	
I wish to speak before the	Public	WOKS			
	Name of City Agency, De	partment, Committee or C	Council		
Do you wish to provide general		for or against a proposa	on the agenda	a? () For proposal () Against proposal	
	D' mallay	. E .		() General comments	
Business or Organization Affiliati	on: Ind	ie Brewing	Co.		
Business or Organization Affiliation Address:	E 7th St.	Los lipoles	CA	90023	
Business phone: 323-35	6-435 Representing:	Inde Bey	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			1	Phone #:	
Client Address:Street		City	State	Zip	

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Date 10/18/2017	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Dept of Public Work	S
	Name of City Agency, Department, Committee of	r Council
10000	olic comment, or to speak for or against a propos	() Against proposal
Name:	100C	() General comments
Business or Organization Affiliation	: Mac Lead Ale Drew	ing (o-
Address: 1474 Cal	Vert St., Van Nuys	State Zip
Business phone: 818 314	963 Representing:	Oldic Zip
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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N .	A	A			

Date 10-18-17		Y COUNCIL'S RULES OF M WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
I wish to speak before the		ency, Department, Committee of	or Council	
Do you wish to provide general Name: KPUN	public comment, or		sal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliat	tion:	Cellador Ales	> CA	91343
Address: 16745 School Street Business phone: 714 490	7804 Repre	senting: OMador Mes	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER	R AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:			PI	none #:
Client Address:Street		City	State	Zip

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5

Date 10-18-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
I wish to speak before the	Public Works Name of City Agency, Department, Committee of	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agend	
Name: BRIAN	HAND		() Against proposal () General comments
	tion: HAND BREWED BET	ER	
Address: 9771	VARIEL AVE CHATSWORTH	CA	91311
Business phone: 818	964 1477 Representing: SEF	State	∠ip
	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BE	LOW:
Client Name:			Phone #:
Client Address:Street	City	State	Zip



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Date		OUNCIL'S RULES OF WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
I wish to speak before the	Public Wor	rhs		
	Name of City Agend	cy, Department, Committee	e or Council	
Do you wish to provide general		speak for or against a pro	posal on the agenda	
Name: BRYAIN OF	LSON			() Against proposal () General comments
Business or Organization Affiliat	ion: 8 ONE	8 Brewing		
Address: 8951 C	Anus PARKDE	SUTO AND	CA	91304
Business phone: Street	2236 Represen	iting: Self /bruen	State	Zip
CHECK HERE IF YOU ARE			IFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:		City	State	Zip

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Date 10/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Public Works	
	Name of City Agency, Department, Committee o	or Council
	public comment, or to speak for or against a propos	
Name: Manay H	offman	() General comments
Business or Organization Affiliat	tion: Greatel San Ferando	Valley Chamber
Address: 7120 Hae	ventuest Avetjy Va	anthup, CA 91406
Business phone: 818989	-0 300 Representing:	State Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 15-(7)		Agenda Item	7
I wish to speak before the	BOARD OF PUBLIC WORKS	3	
	Name of City Agency, Department, Com	nmittee or Council	
	public comment, or to speak for or against	a proposal on the agenda? () For proposal) Against proposal
Name:	e Mure stary	() General comments
Business or Organization Affiliat			
Address:Street	City	State	Zip
	Representing:	State	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW	':
Client Name:		Pho	ne #:
Client Address:			
Street	City	State	Zip

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Date		Agenda Item	
I wish to speak before the	BOARD OF PUBLIC W	ORKS	
	Name of City Agency, Department,	Committee or Council	. 1
Do you wish to provide general	public comment, or to speak for or ag	ainst a proposal by the agen	da? Hor proposal Against proposal
Name:	KOUL H	10 KIVII	General comments
Business or Organization Affilia	ition:		
Address:Street	City	State	Zip
Business phone:	Representing:		
	A PAID SPEAKER AND PROVIDE		
Client Name:			Phone #:
Client Address:	City	State	Zip