Date: 09/06/2017

Council File No., Agenda Item, or Case

			Item NO.	(26) - 17-1004
wish to speak before the Cou Do you wish to provide genera	uncil al public comment, or to speak for or aga	ainst a proposal on the agenda? Ge	neral Comment	
Name: Todd Kohhepp				
3usiness or Organization Affili	ation:			
Address:				90013
	Street	City	State	Zip
Business Phone:	Representir	ng:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 09/06/2017		Council File No., Agenda Item, or Case		
Dato: 00/00/2011		Item NO. (26) - 17-1004		
I wish to speak before the Council				
Do you wish to provide general public comment	t, or to speak for or against a proposal on the agenda?	General Comment		
Name: Herman666				
Business or Organization Affiliation: USC				
Address:		•		
Street	City	State	Zip	
Business Phone:	Representing: Serial KKK666			
CHECK HERE IF YOU ARE A PAID SPEAKER	AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		Phone#:		
Client Address:				
Street	City	State	Zip	

Date: 09/06/2017			Council File No., Agenda Item, or Case			
24(0) 00,00,2011				Item NO. (26) - 17-1004		
I wish to speak before the	Council					
Do you wish to provide ge	eneral public comment, or to speak fo	r or against a proposal on the agenda?	General Comment			
Name: Walsh						
Business or Organization	Affiliation:					
Address:						
	Street	City	State	Zip		
Business Phone:	Repr	resenting:				
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVID	E CLIENT INFORMATION BELOW:				
Client Name:			Phone#:			
Client Address:						
	Street	City	State	Zip		

Date: 09/06/2017			Council File No., Agenda Item, or Case		
246.00,00,2011			Item NO. (26) - 17-1004		
I wish to speak before the Coun	cil				
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 Affiliat	ion:				
Address:					
	Street	City	State	Zip	
Business Phone:	Repre	senting:			
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	