Date: 10/17/2017

Council File No., Agenda Item, or Case Item NO. (12) - 17-1123

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment

Name: Puppet Or Friend				
Business or Organization Affiliation:				
Address:				
Street	City	State	Zip	
Business Phone: Re	epresenting:			_
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROV	IDE CLIENT INFORMATION BELOW:			
Client Name:		Phone#:		
Client Address:				
Street	City	State	Zip	

Date: 10/17/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (12) - 17-1123

Do you wish to provide genera	I public comment, or to speak for or	against a proposal on the agenda? Ge	eneral Comment	
Name: Eric Preven				
Business or Organization Affilia	ation:			
Address:				
	Street	City	State	Zip
Business Phone:	Represe	enting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
	Street	City	State	Zip

Date: 10/17/2017

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Council File No., Agenda Item, or Case

Item NO. (12) - 17-1123

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Do you	wish to provide general public comment, or to	speak for or against a proposal 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 SPEAKER AND	PROVIDE CLIENT INFORMATION BELOW:		
OHLOR	THERE IS TOO TIME OF EARLIER THE	THOUBE CELETT IN CHAIN, THOU BELOW.		
Client N	ame:		Phone#:	
Client A	ddress:			
	Street	City	State	Zip

Date: 10/17/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case

Item NO. (12) - 17-1123

Do you wish to provide general public cor	nment, or to speak for or against a	a proposal on the agenda?	General Comment	
Name: John Walwh				
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business Phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPE	AKER AND PROVIDE CLIENT IN	IFORMATION BELOW:		
Client Name:			Phone#:	
Client Address:				
Str	eet	Citv	State	Zip