

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
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   2.13.17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	Committee	e
Do you wish to provide general pu	ublic comment, or to speak for or against a prop		(X) For proposal (X) Against proposal
Name: LYNGSLY	Notan Los Angelec Cou	L.L. Dicu	( ) General comments
Business or Organization Affiliation  Address:	1: LOS ANGERE COU	nty bluy	cle compile
Street Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW	<b>/</b> :
Client Name:		Pho	one #:
Client Address:	City	State	Zip



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Date 12 13 2017		UNCIL'S RULES OF ILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	-	, Department, Committee of		
Do you wish to provide general pull Name: PETER HOBA  Business or Organization Affiliation	N)			( ) For proposal ( ) Against proposal ( ) General comments
Address: 13 4 9 CHM2				\$ 90021
Business phone:	Representi	ng:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AN	D PROVIDE CLIENT INFO	ORMATION BELOV	w:
Client Name:			Ph	one #:
Client Address:Street		City	State	Zip

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Date	THE CITY COUNCIL	'S RULES OF	Council File No., A	genda Item, or Case No.
12-13-2017	DECORUM WILL BE	ENFORCED.	44	
I wish to speak before the	Transportation Co	mmittee		
	Name of City Agency, Depart	rtment, Committee	or Council	
Do you wish to provide general Name:  Business or Organization Affilia	obberger C	or or against a propo	osal on the agenda?	For proposal     Against proposal     General comments
business of Organization Allilla	don:	ANT IN TO LAY		
Address:Street	0	ity	State	7:-
		,		Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	OVIDE CLIENT INF	ORMATION BELOW	<i>i</i> :
Client Name:			Pho	one #:
Client Address:				
Street	C	ity	State	Zip

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Date 12 - 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCE	
I wish to speak before the	Name of City Agency, Department, Com	nmittee or Council
Do you wish to provide general postures.  Name:	GREIF CD11-	a proposal on the agenda? (×) For proposal ( ) Against proposal ( ) General comments
Address:Street	City	2
	Representing:	State Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIE	NT INFORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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Date 12/13/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $9 \left(17 - 1/25\right)$
I wish to speak before the	Name of City Agency, Department, Committee	or Council
Do you wish to provide general p Name:	public comment, or to speak for or against a prop	osal on the agenda? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliati	on: <u>CD-15</u>	
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date		THE CITY COUNCIL'S RULES OF	Council Fue No., Agenda Item, or Case No.
		DECORUM WILL BE ENFORCED.	7
I wish to speak bef	fore the		
		Name of City Agency, Department, Committee	or Council
Do you wish to pro	ovide general p	ublic comment, or to speak for or against a prop	osal on the agenda? ( ) For proposal ( ) Against proposal
Name:		wayne from a	( ) General comments
Business or Organ	ization Affiliatio	on:	
Address:			
	Street	City	State Zip
Business phone:		Representing:	
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:			Phone #:
Client Address:			
	Street	City	State Zip

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Date (2/) 3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age da Item, or Case No.
I wish to speak before the		
( )	Name of City Agency, Department, Committee	or Council
Do you wish to provide general	public comment, or to speak for or against a prop	( ) Against proposal
Name:	1 0 0 0	( ) General comments
· ·	tion:	
Address:Street	City	State Zip
	,	
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip