Date S 10 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.		
I wish to speak before the			#6		
•	Name of City Agency, Department, Committee	or Council			
	blic comment, or to speak for or against a propo	sal on the agenda?	Against proposal		
Name:	ege Piralla		() General comments		
Name:					
Address:Street					
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		PI	none #:		
Client Address:	City	State	Zio		

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

Date 8/10/2011	THE CITY COUNCIL'S DECORUM WILL BE E	HULES OF	Council File No., Ag	enda Item, or Case No.
I wish to speak before the	Transported for Name of City Agency, Depart			
Do you wish to provide general	public comment, or to speak for	or against a proposal on	the agenda? (
Name: Myung-Sac	Stok		() Against proposal) General comments
Business or Organization Affiliat	1	es fle		
Address: JAI S. P	ignera street	# 240	W	90062
Address: 37 Street Business phone: 28-87	City 3-3-430 Representing:	Pamlers d'Allie	State d Tinde	Dost Coun
CHECK HERE IF YOU ARE				36
Client Name:			Pho	ne #:
Client Address:				
Street	City		State	Zip

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Date	THE CITY COUNCIL'S DECORUM WILL BE EI		Council File N	yo., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Departn	Comm 1792 nent, Committee or Co	 ouncil	
Do you wish to provide general p	oublic comment, or to speak for c	or against a proposal o	on the agend	la? () For proposal () Against proposal () General comments
Business or Organization Affiliat	ion: Streetline Im	_		
Address: <u>49 S-Hewer</u> Street	n San San City	Stancuca	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVI	DE CLIENT INFORM	MATION BEI	_OW:
Client Name:				Phone #:
Client Address:Street	City		State	Zip

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Date	THE CITY (COUNCIL'S RULES OF	Council File	No. Agenda Item, or Case No.
	DECORUM	WILL BE ENFORCED.	#	<u> </u>
			,	L
I wish to speak before the	Trans p	or lation Co	untle	
	Name of City Age	ncy, Department, Commi	ttee or Council	
Do you wish to provide general		o speak for or against a p	proposal on the agen	da? (X) For proposal () Against proposal
Name: ZIA	YUSUF			() General comments
Business or Organization Affiliat	ion: CEO/	Streetline	.Iuc.	
Business or Organization Affiliat Address: 49 54es Street	enson St	San Fran	cisco CA	9405
	/			Zip
Business phone:	Represe	enting:		***************************************
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT	INFORMATION BE	LOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

	ī	-		<i></i>
Date	THE CITY COUNC	<i>//</i>	Council File	No., Agenda Item, or Case No.
I wish to speak before the	Trans (Portation	Committee		
,	Name of City Agency, De		Council	
Do you wish to provide general	public comment, or to speak	t for or against a proposal	on the agen	
Name: <u>michael</u> 5.	Verflanck	<i></i>	·	() Against proposal () General comments
Business or Organization Affiliat	ion: <u>Republic</u> II	5. IBEW	local	47
Address: 909	N. Fairlview	avahiem	C.A State	92701
Business phone: 714 976	<i>"</i>			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	MATION BE	LOW:
Client Name:				Phone #:
Client Address:				
Street		City	State	Zìp

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

8/10/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.			
I wish to speak before the	rangortation Committee				
	Name of City Agency, Department, Committee of	or Council			
	public comment, or to speak for or against a propo-	() Against proposal			
Name: <u>Vaniel Cam</u>	6/g0	() General comments			
Business or Organization Affiliati	on: TBEW 10cal 11				
Address:					
Street	City	State Zip			
Business phone: (714) 49	7-9904 Representing: Republic I	TS			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phone #:			
Client Address:					
Street	City	State Zip			

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Date 8/10/2011	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department Committee of	or Council	
Do you wish to provide general pu	ublic comment, or to speak for or against a propo	osal on the agenda?	
Name: Jeff Lan-	€ /		Against proposal General comments
Business or Organization Affiliation	on: TBEW Jocal II		
Address:			
Business phone: (714) 49	73-732 Representing: REPUBLIC I	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		P	hone #:
Client Address:	City	Ctob	71.
Street	City	State	Zip

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NOTE: THIS IS A PUBLIC DOCUMENT.

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File Ng	Agenda Item, or Case No.
8-10-11				7
I wish to speak before the	rancortation (ommittee		
	Name of City Agency, De	epartment, Committee	or Council	
Do you wish to provide general Name:CHRIS SLOCK		k for or against a pro	posal on the agenda?	() For proposal () Against proposal () General comments
Business or Organization Affiliat	•	.LH		
Address: Z29 Z Street	FAIR AVE	Pomona	CA	91169
Street Business phone: 714 365 3		City I BEW	State	Zip
CHECK HERE IF YOU ARE A		•	FORMATION BELOV	v:
Client Name:			Ph	one #:
Client Address:				
Street		City	State	Zip

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Date 8/10/1/	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	SOF	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department,	Mm. Hee Committee or Council	
Do you wish to provide general p	oublic comment, or to speak for of aga	inst a proposal on the agenda	
Name: Fred Garc	ig		Against proposal () General comments
Business or Organization Affiliati	ion: Painter & Affied Trac	Los District Counc	. /
Address: 2333 Lake	Ave Altodona	CA.	91001
Business phone: 800 84 14	(386 Representing: Parter	& Allied Trubes D	<u> </u>
	A PAID SPEAKER AND PROVIDE C		
Client Name:			Phone #:
Client Address:Street	City	State	Zip

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