

HOLLYWOOD HILLS WEST Neighborhood Council

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Date _____

<http://hhwnc.org>

PLEASE PRINT CLEARLY

						Stakeholder Affiliation			
1	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
<input type="checkbox"/>	Add me to the HHWNC Mail List				email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
<input type="checkbox"/>	Add me to the HHWNC Mail List				email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
<input type="checkbox"/>	Add me to the HHWNC Mail List				email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
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5	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
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6	First Name Last Name	Number Street	City State	Apt Zip	Phone	Homeowner or Renter	Religious org. Or Member	NonProfit Community Group/Org.	Other
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<input type="checkbox"/>	Add me to the HHWNC Mail List				email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Section 54953.3 of the Brown Act says that "The signing, registering, or completing of this document is voluntary and that all persons may attend the meeting regardless of whether a person signs, registers, or completes this document."