CITY OF LOS ANGELES SPEAKER CARD

04-2643-51

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	W	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE		Council File No.	, Agenda Item, or Case No.
I wish to speak before		me of City Agency, Department, Co	ommittee or	7	
		comment, or to speak for or again		_	? () For proposal () Against proposal () General comments
•					
Address:	Street	City		State	Zip
Business phone:		Representing:			
CHECK HERE IF YO	OU ARE A PAI	D SPEAKER AND PROVIDE CL	JENT INFOR	RMATION BELO	ow:
Client Name:				P	hone #:
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.

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Date GRIW	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before theNa	me of City Agency, Department, Committee o	r Council	
Do you wish to provide general public	comment, or to speak for or against a propos	sal on the agenda?	() For proposal
Name: 0 0 MMC	Pearmer		() Against proposal () General comments
Business or Organization Affiliation: _			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:	City	State	Zip

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THE CITY COUNCIL'S RULES OF

Council File No., Agenda Item, or Case No.

Date G	THE CITY COUNCIL'S RULES OF	Council File No.	., Agenda Item, or Case No.
112211	DECORUM WILL BE ENFORCED.	29	
I wish to speak before the	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general pub	olic comment, or to speak for or against a propos		
Name:	to, Cheven		() General comments
Business or Organization Affiliation:	:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
Client Name:	PAID SPEAKER AND PROVIDE CLIENT INFO		ow:
Client Address:	City	State	Zip
Street	City	Sidle	∠ıµ

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