

# CITY OF LOS ANGELES SPEAKER CARD

**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  
6/18/15

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

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

I wish to speak before the

Ad Hoc Committee on Homelessness CF 06-0488-S  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
 Against proposal  
 General comments

Name: 

Business or Organization Affiliation: (Herman)

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

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.

# CITY OF LOS ANGELES SPEAKER CARD

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Date

8/11/18

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

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

1

I wish to speak before the \_\_\_\_\_

Name of City Agency, Department, Committee or Council

AD Hoc on Homelessness

CF 06-0489-S

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal

Name: \_\_\_\_\_ (Wayne) from ENCINAL  Against proposal

Business or Organization Affiliation: \_\_\_\_\_  General comments

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Street City State Zip

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CF 06-0489-53

Date 6/18/15

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No. #1

I wish to speak before the Special meeting - Ad Hoc on Homelessness Committee  
Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
(X) General comments

Name: Patalie Barrett

Business or Organization Affiliation: Glendale Adventist Medical Centre

Address: 1509 Wilson Terrace Glendale CA 91206  
Street City State Zip

Business phone: 818 409-8000 Representing: \_\_\_\_\_

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Client Address: \_\_\_\_\_  
Street City State Zip

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Date 6/18/2015

**THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No. HGM #1

I wish to speak before the \_\_\_\_\_

HOMELESS COMMITTEE

CF 06-0489-53

Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal

Name: GENERAL JEFF ( ) Against proposal

Business or Organization Affiliation: ISSUES AND SOLUTIONS ( ) General comments

Address: 1626 N. WILCOX AVE. #924 HOLLYWOOD, CA 90028  
Street City State Zip

Business phone: 323 445-0723 Representing: SKID ROW RESIDENTS

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip