CITY OF LOS ANGELES PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

THE CITY COUNCIL'S BULES OF

DECORUM WILL BE	ENFORCED.
DATE COUNCIL FILE NO	AGENDA IVEM NO.
POSITION: Support Oppose Project/Pro	
Support Appeal Oppose Ap	ppear
Applicant Property Owner(s) Association	Representative Check here if you are a paid representative
Appellant Surrounding Organization Property Owners	Other
Name WKYON Nev Market Prepresenting	V
Address	
City	Zip Code

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

NOTE: THIS IS A PUBLIC DOCUMENT.

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

DATE	COUNCIL FILE NO.		AGENDA ITEM NO.
POSITION:	Support Oppose Project/Proposal		General or Public Comment
SPEAKER:	Support Appeal Oppose A	ppeal	
Applicant	Property Owner(s) Association	Representati Check here if	ve you are a paid representative
Appellant	Surrounding Organization Property Owners	Other	
Name	Waye (gr	m E	NCINO
Representing	, 0		
Address			
City		Zip Code	

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

NOTE: THIS IS A PUBLIC DOCUMENT.

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 3-7-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Ag	enda Item, or Case No.		
I wish to speak before the Planning & Land Use Management Name of City Agency, Department, Committee or Council					
Do you wish to provide general p	public comment, or to speak for or against a proposa) For proposal) Against proposal		
Name: () General comments					
Business or Organization Affiliation:					
Address:Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Phor	ne #:		
Client Address:	City	State	Zip		

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