CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMEN YOU ARE NOT REQUIRED TO PROV EXCEPT TO THE EXTENT NECESSAR	IDE PERSONAL INFO	RMATION IN ORDER TO	O SPEAK,
8/16/16 DECORUM W I wish to speak before the PhBLIC SAFETY		. 4	No., Agenda Item, or Case No.
Name of City Agency	y, Départment, Comr	nittee or Council	
Name: <u>HIRIN</u> BUCKMAN	peak for or against a	a proposal on the agen	da? &) For proposal () Against proposal () General comments
Business or Organization Affiliation: LA CITY COMP	MISSION ON THE	STATUS OF (D)	OMEN
Address: 1200 W. 7th St, 9th Floor Street	LA City	State	90017 Zip
Business phone: <u>2138088518</u> Representi	na:		
CHECK HERE IF YOU ARE A PAID SPEAKER AN	ID PROVIDE CLIEN	IT INFORMATION BE	
Client Name:			Phone #:
Client Address:Street	City	State	Zip
Please see reverse of card for important information	n and submit this ent	tire card to the presidin	g officer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

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Date JIG/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of	4	, Agenda Item, or Case I	NO.
Do you wish to provide general pu	blic comment, or to speak for or against a propos	al on the agenda	? () For proposal () Against propos	al
Name:	fuppa Pig		General comme	
Business or Organization Affiliation				
Address:Street	City	State	Zip	
	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	w:	
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 of	fficer or chairpersor	n.