	CITY OF LOS ANGELES SPEAKE	R CARD 09-1914-52
Date /0-26-11	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	or Council
• • •	eral public comment, or to speak for or against a prop D + U D	
Business or Organization Af	filiation:	
Address:Street	City	State Zip
	Representing:	
	RE A PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:		Phone #:
Client Address:	City	State Zip
Please see reverse of c	ard for important information and submit this entire ca NOTE: THIS IS A PUBLIC DOCUME	

หลังเสียงไม้มีผลได้ส่วนในการมีมากระบบไปเรา

	CITY OF LOS ANGELES	S SPEAKER	CARD DO	1714-52			
Date 10-26-11	THE CITY COUNCIL'S RU DECORUM WILL BE ENF		Council File No.,	Agenda Item, or Case No.			
I wish to speak before the	Name of City Agency, Departme	<u>, , , , , , , , , , , , , , , , , , , </u>	Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal							
Name: Janie	Court			Against proposal			
Business or Organization Affiliation: Consumer Watchdog (Watchdog							
Address: AND GRANKAR BLAN 1814 57000 00 6A							
Address:							
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:			Pł	none #:			
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.							
NOTE: THIS IS A PUBLIC DOCUMENT.							

	CITY F LOS ANGEL	ES SPEAKER	RD 09-1714-52				
Date W/2/2/// Pronaun ced 8 I wish to speak before the	THE CITY COUNCIL'S DECORUM WILL BE EN (Tuh-har-uh) (E Taharah I Name of City Agency, Departr	NFORCED. =-mon)	cil				
Do you wish to provide general Name:	public comment, or to speak for o	or against a proposal on t	he agenda?()For proposal ()Against proposal ()General comments				
Business or Organization Affilia	ution: Ramai Mu	8°C					
	City Representing:	N. Hill St.( Ramai Musi	State Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:	-ha		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.							
e	NOTE: THIS IS A PUBLIC DOCUMENT.						