

CITY OF LOS ANGELES SPEAKER CARD

DMS

Date
11-10-10

Council File No., Agenda Item, or Case No.
10-09-2199

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

I wish to speak before the _____
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: Arnold Stein

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: _____ 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.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

DWS

Date Nov 10, 2015

Council File No., Agenda Item, or Case No.
05-2195
#10 Agenda Item - 09-2199

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

CITY COUNCIL

I wish to speak before the _____
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: CARY BAZEMAN

Business or Organization Affiliation: LA NEIGH BORS UNITE

Address: 128 N. SWALE # 304 LA CA 90048
Street City State Zip

Business phone: 310 205 0592 Representing: _____

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

#10-

I wish to speak before the

City Council

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:

Noel Weiss

Business or Organization Affiliation:

Address: 13700 MARIANA PIKE Dr. #922 MARIANA CITY CA 90292

Street

City

State

Zip

Business phone:

(310)822-0234

Representing:

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

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Phone #:

Client Address:

Street

City

State

Zip

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