

CITY OF LOS ANGELES SPEAKER CARD

Date 1/23/10

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

Council File No., Agenda Item, or Case No.
44 - food Trucks

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
 General comments

Name: Nickie Shakenian

Business or Organization Affiliation: Hollywood Chamber of Commerce

Address: 7018 Hollywood Blvd. LA, CA 90028
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

Date

11-23-10

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DWS

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Council

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() Against proposal

() General comments

Name:

Arnold Saez

Business or Organization Affiliation:

Address:

Street

Belmont 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

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() Against proposal

(x) General comments

Name:

Ray Bidart

Business or Organization Affiliation:

Motion Picture & Television Mobile Advertising Assoc.

Address:

Street

City

State

Zip

Business phone:

918-686-6677

Representing:

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Phone #:

Client Address:

Street

City

State

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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: Bruce Hecker

Business or Organization Affiliation: Motion picture + TV mobile catering Assoc

Address: _____ Street _____ City _____ State _____ Zip _____

Business phone: 919 376-1288 Representing: _____

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

Client Name: _____ Phone #: _____

Client Address: _____ Street _____ City _____ State _____ Zip _____

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