CITY OF LOS ANGELES SPEAKER CARD

Van Nuys

Date/Time Submitted Council File No., Agenda Item, or Case No. 04/24/2012 10:34 AM 16 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 DONNA PEARMAN Name:) General comments Business or Organization Affiliation: Address: City State Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone No.: Client Address: State

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Van Nuys

Date/Time Submitted 04/24/2012 10:34 AM

10 - 0475 - 69 Council File No., Agenda Item, or Case No.

ouncil File No., Agenda Item, or Ca **16**

I wish to speak before the		Council		
	Name of City Agency, Department, Committee or Council			
Do you wish to provide general publi Name:	c comment, or to speak for or against a proposal on the agenda? MIRIAM FOGLER			() For proposal () Against proposal () General comment
Business or Organization Affiliation:				
Address:				
Street		City	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE	ECLIENT INFOR	MATION BELOW:	
Client Name:			Phone No.:	
Client Address:				

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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	THE CITY COUNCIL'S RULES OF	Council File No.	, Agenda Item, of Case No.
4-24-12	DECORUM WILL BE ENFORCED.	*	16 16-0475-59
I wish to speak before the	Concer		
	Name of City Agency, Department, Committe	e or Council	
Do you wish to provide general	public comment, or to speak for or against a pro	posal on the agenda	() For proposal
Name: Annui	o Speas		() Against proposal () General comments
Business or Organization Affilia	ition:		
Address:	Lounix		
Address: Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELC	ow:
Client Name:		P	hone #:
Client Address:			
Client Address:Street	City	State	Zip

Please see reverse of card for important information and submit this entire card to the second to th