

CITY OF LOS ANGELES SPEAKER () RD

Date

8-12-11

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

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

20

I wish to speak before the

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:

ARNOLD SAYS

Business or Organization Affiliation:

Address:

Street

Lenox

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 BOARD

Date 8/12/11

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

Council File No., Agenda Item, or Case No. 1420

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: John Walsh

Business or Organization Affiliation: _____
Address: 6218 Yucca St #C
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

Van Nuys

Date/Time Submitted

08/12/2011 11:30 AM

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

20

I wish to speak before the 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?
Name: Rick Nightingale

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 No.:

Client Address: Street City State Zip