Date 12-7-10	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.	
, , ,	DECORUM WILL BE ENFORCED.		
	April April 1	*	
\$			
I wish to speak before the	CITY COUNCIL		
: 178	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general	public comment, or to speak for or against a propos		
Name: Lec	on Gubler	() Against proposal () General comments	
Business or Organization Affiliat	ion: Hollywood Chamber	of Omnerce	
Address:	Hollywoo'd Blud., Holl	1wood CA 90028	
Street	City	State Zip	
Business phone: (33) 469 -	8311 Representing: Hollywood Ch	sam ber of Commerce	
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.

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Date 12 7 /0	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCIL'S RULES (ILL BE ENFORCE		Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency		mmittee or Co	uncil	
	Mary May may a sure	·			
Do you wish to provide general p	public comment, or to s	peak for or agains	t a proposal o	n the agenda?	For proposal
Name:	abo	tut	0/		Against proposal General comments
Business or Organization Affiliat		ICA			
Address: 52 V	an Nuys	Blvd	Slow	Man	Caks 9/40
Business phone: 8 817 - 18	Representi	City ng:		State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AN	D PROVIDE CLIE	ENT INFORM	ATION BELO	w:
Client Name:				Pl	none #:
Client Address:					
Street		City		State	Zip

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Date 12/7/10	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	ee or Council
	public comment, or to speak for or against a pr $\mathcal{A}_{\mathcal{C}}$	
Business or Organization Affiliat	ion: AICP	
Address:Street		
	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT I	NFORMATION BELOW:
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 12 7 10	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	ne of City Agency, Department, Committee	e or Council
11 6 1	comment, or to speak for or against a pro	
Name: //WASGA	Patack	() Against proposal () General comments
/ Business or Organization Affiliation:	MPAA	
Address:/ 530/	Ventura Blud	
	City Representing:	State Zip
/	SPEAKER AND PROVIDE CLIENT IN	FORMATION 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.

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Date / 1 / / / / / / / / / / / / / / / / /	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		da Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comr	mittee or Council	
Do you wish to provide general	public/comment, or to speak for or against a	a proposal on the agenda? ()	
Name:	John WHLS!	()	Against proposal General comments
Business or Organization Affiliat			
Address:	6218 Nag ST		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BELOW:	
Client Name:		Phone	#:
Client Address:	City		7in
Stroot	f ittv	State	/ In

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Date () () () () () () () () () (THE CITY COUNCIL'S DECORUM WILL BE		Council File No.	, Agenda Item, or Case No.
· · · · · · · · · · · · · · · · · · ·				
I wish to speak before the	Name of City Agency, Depar	rtment, Committe	e or Council	
Do you wish to provide general p	oublic comment, or to speak fo	r or against a pro	posal on the agenda	
Name:	CARK			Against proposal General comments
Business or Organization Affiliat	ion: <u>17 </u>	12 1 (12)		, , , , , , , , , , , , , , , , , , ,
Address:Street	Contraction All	d (184	70075 (A.	
		•	State	Zip
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PRO	VIDE CLIENT IN	IFORMATION BELC	w:
Client Name:			F	hone #:
Client Address:				
Street	Cit	y (1)	State	Zip

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