## CITY OF LOS ANGELES SPEAKER CARD

Date

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

8-10-11	THE CITY COUNG DECORUM WILL		10-23	85		
I wish to speak before the	Y COUNCIL TRA	NSPORTATION	commi	TTBE		
· · · · · · · · · · · · · · · · · · ·		epartment, Committee or				
Do you wish to provide general Name:	public comment, or to spea	k for or against a proposa	al on the agenda?	For proposal     Against proposal     General comments		
Business or Organization Affiliation:						
Address: 4406 CAUTO	UENBA BLUD I	OKUCA LAKE	State	9/602		
Business phone:		City	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Ph	one #:		
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	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1	Agenda Item, or Case No.  - 2 3 8 5				
I wish to speak before the							
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal							
Name:			Against proposal  ( ) General comments				
Business or Organization Affiliation:							
Address:Street	City	State	Zip				
	Representing:		,				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:		P	hone #:				
Client Address:							
Street	City	State	Zip				

<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

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## CITY OF LOS ANGELES SPEAKER CARD

Date 8/10/1\		NCIL'S RULES OF L BE ENFORCED.	Council File No.,	Agenda Item, or Case No.		
I wish to speak before the	Teansportation		or 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  Name: Alexas (X) General comments						
Name: HIEUS CANTE (X) General comments  Business or Organization Affiliation: Los Angeles County Pocyte Coaliton						
Address: 634 5. Sperme	84 =le821	Los Angeles City	CA State	90014 Zip		
Business phone: 213.629.2142 Representing:						
CHECK HERE IF YOU ARE A PART SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			PI	none #:		
Client Address:Street		City	State	Zip		

<u>Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.</u>

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