

CITY OF LOS ANGELES SPEAKER CARD

10-2385-3

Date 02/09/11

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

Council File No., Agenda Item, or Case No. 3

I wish to speak before the T/PLUM Committee 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: Allison Mannos

Business or Organization Affiliation: LACBC

Address: 634 S. Spring St #821 LA CA 90014

Business phone: 213-629-2142 Representing: LACBC

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  
2/9/11

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

Council File No., Agenda Item, or Case No.  
#3

I wish to speak before the Joint Trans/PLUM Committee  
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: Alexis Lantz

Business or Organization Affiliation: Los Angeles County Bicycle Coalition  
Address: 634 S. Spring St LA CA 90014  
Street City State Zip  
Business phone: 213.629.2142 Representing: LACBC

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Date

2-9-11

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

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

3 CF 10-2385

I wish to speak before the Transportation & Planning Joint Meeting  
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: Glenn Bailey

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Business phone: 818-452-3407 <sup>Street</sup> <sup>City</sup> <sup>State</sup> <sup>Zip</sup> Representing: Email: Glenn.BaileySPV@yahoo.com

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

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
<sup>Street</sup> <sup>City</sup> <sup>State</sup> <sup>Zip</sup>

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