

TY OF LOS ANGELES SPEAKE	R CARD	DWS
THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
	or Council	
Evil preven		() General comments
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City	State	Zip
Representing:		
AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	DW:
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nportant information and submit this entire car		officer or chairperson.
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NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., # 3	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	SUNCI /	
Do you wish to provide gener	al public comment, or to speak for or against a propo		 (L) For proposal () Against proposal () General comments
Business or Organization Affi Address:	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Pł	none #:
Client Address:Street	City	State	Zip
Please see reverse of car	d for important information and submit this entire car	rd to the presiding o	fficer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

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Date 6/5/15	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	LES OF	le No., Agende Item, or C	jase No. P
I wish to speak before theNa	ame of City Agency, Department	t, Committee or Council	der (po	/ta)
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Name:	ne op	north	Against pr General c	roposal
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CI	TY OF LOS ANGELES SPEAKER	CARD	DNS
Date 5-2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No.
I wish to speak before the	Aame of City Agency, Department, Committee or	Council	
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Please see reverse of card for in	mportant information and submit this entire card	to the presiding office	r or chairperson.

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CITY OF LOS ANGELES SPEAKER CARD Council File No., Agenda Item, or Case No. Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. 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 Donna Rarma Against proposal General comments Name: 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: Phone #: Client Name: 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.