	CITY OF LOS ANGELES SPEAKER	CARD 11-0329-57		
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Date 9/11/2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. T-4		
I wish to speak before the	Transportation Committee Name of City Agency, Department, Committee or C	Council		
Name:	public comment, or to speak for or against a proposal $\frac{1}{32}$ lang $\frac{1}{100}$ on: LA Streetour, Inc. / M	() Against proposal () General comments		
Address:	on: <u>LA Streetour, Inc. / M</u> Vest 5th Street <u>LA</u> CA 90 City (AC) (T	007) State Zip		
Business phone: 213 253 4490 Representing:A Stractor, Inc.				
Client Name:	-Streetear Inc.	Phone #:		
Client Address:550	- Streetear Inc. D. S. Hope Start, Ste. 2300 LA CA City	State Zip		
Please see reverse of card f	or important information and submit this entire card to	the presiding officer or chairperson.		
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Date 9-1/-/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. HY STREETCAR		
I wish to speak before the				
Name: STeve		on the agenda?()For proposal ()Against proposal ()General comments		
Business or Organization Affiliati	ion: LASI ANd PROPERTY OWNER -	ANSAC		
Address: <u><u>Street</u> Business phone: 213 626</u>	City -532) Representing: L.A. STREETCAN	CA 900/9 State Zip & INC.		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	City	State Zip		
	in increase information and extends this sector	1) · · · · · · · · · · · · · · · · · · ·		

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Date 9-11-2013	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Io., Agenda Item, or Case No.		
I wish to speak before the	Transportation Commit	eq			
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 $()$ Against proposal					
Name: Jessica Wetlington McLean () Against proposal () General comments					
Business or Organization Affiliation: CD14 - Spfice 8 Louil momber Augin					
Address:Street	000				
		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.					