CITY OF LOS ANGELES SPEAKER CARD

17/5/1/	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	TEM	, Agenda Item, or Case No. <i>ĈF 11-8600 - \$[</i>
I wish to speak before the	Name of City Agency, Department, Committee		
,	public comment, or to speak for or against a prop $\mathcal{M} \subseteq \mathcal{Q} \cup \mathcal{I} \subseteq \mathcal{T} \cap \mathcal{M}$	osal on the agenda	? () For proposal () Against proposal (穴) General comments
Business or Organization Affiliat	tion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELC	ow:
Client Name:			Phono #:

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

State

Zip

NOTE: THIS IS A PUBLIC DOCUMENT.

	CITY OF LOS ANGE	LES SPEAKEN	CAND	1 tem	#
Date 12/95/11	THE CITY COUNCIL' DECORUM WILL BE		Council File No., Ag	enda Item, or Case I O -S 14 6	Vo.
I wish to speak before the	Budgot & Finan	ce Commi	Hee		
	Name of City Agency, Depa	rtment, Committee or	Councii		
Do you wish to provide general Name:		r or against a proposa	al on the agenda?(((() For proposal) Against propos) General comm	
Business or Organization Affiliat	ion: SEW721				·
Address: TW 5.	Virgil Ave,	Los Ango	les CA	90020	
Address: $\frac{500 \text{ J}}{\text{Street}}$ Business phone: $\frac{310-97}{}$	\mathcal{L} \mathcal{O} Representing: \mathcal{V}	Jorking M	lent um	en of L	A.
CHECK HERE IF YOU ARE		/		1	
Client Name:			Phor	ne #:	

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

City

Client Address:

NOTE: THIS IS A PUBLIC DOCUMENT.

State

Zip

	CITY OF LOS ANGEL	ES SPEAKER C	ARD //- 0	0600-S146
Date 12-5-11	THE CITY COUNCIL'S DECORUM WILL BE E	RULES OF		Agenda Item, or Case No.
wish to speak before the	BUDGET + FIN Name of City Agency, Departs	ANCE COMM	1. Juncil	
Do you wish to provide general p	COSKER			() Against proposal () General comments
Business or Organization Affiliati Address: / 574 Bev	on: CINITED FII	reF16HTER	<u> </u>	
Address: 1574 Bev	erry BL. 1	A. O.	90026	
Street 3usiness phone: 485-2	City Representing:	FIREFIGHT	State CKJ	Zip
CHECK HERE IF YOU ARE A				/:
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.

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