11-0962

CITY OF LOS ANGELES SPEAKER CARD

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date	THE CITY COUNCIL'S		e No., Agenda Item, or Case No.			
8-7-13	DECORUM WILL BE E	NFORCED.	Wildle Manager			
I wish to speak before the	Con	nai	•			
Name of City Agency, Department, Committee or Council						
^	neral public comment, or to speak for		() Against proposal			
Name:	US CHOSE		() General comments			
Business or Organization	Affiliation:					
Address:Street	len	State				
Street	City	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	7in			

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

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Name:								
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? () Against proposal () General comment Business or Organization Affiliation: Address: Street City State Zip Business phone: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Date 6 - 7 - 1	13		Council File No.,	Agenda Item, or Case No.			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () Against proposal () Against proposal () Against proposal () General comment ()	I wish to speak before t		of City Agency Department, Committee	or Couroil				
Name:	Name of City Agency, Department, Committee or Council							
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Name: () Against proposal () General comments							
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	-							
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Address:							
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Sti	reet	City	State	Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #:	Business phone:		Representing:					
Client Address:	Client Name:	····		Ph	one #:			
Street City State 7in	Client Address:		City	Ctoto	Zin			

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