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 10-10-12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda liem, or Case No. # 10 / 11-1392				
I wish to speak before the	J. A. City Council Name of City Agendy, Department, Committee or	Council	/				
11	public comment, or to speak for or against a proposa	al on the agenda	?()For proposal ()Against proposal ()General comments				
Business or Organization Affiliat	iion:						
Address:Street							
Street	City	State	Zip				
Business phone:	Representing:						
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:							
Client Name:		F	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.

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Date		THE CITY COUNCIL'S RULES OF	Council File No., Age	nda Item, or Case No.
10-10	-12	DECORUM WILL BE ENFORCED.	1 / 10/	/11-1392
I wish to speak before the		Comon		
		Name of City Agency, Department, Committee or Council		
Do you wish to pro	vide general	public comment, or to speak for or against a pro) For proposal) Against proposal
Name:		Hanson SAERS	() General comments
Business or Organ	ization Affilia	ation:		
Address:		Lennot		
Address:	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	VFORMATION BELOW:	
Client Name:			Phone	e #:
Client Address:				
	Street	City	State	Zip

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Date 0	10/12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	, Acedora Item, or Case No.			
I wish to speak before	re the	CTY (OUNCI)		<u> </u>			
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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (For proposal () Against proposal							
Name:	101/10	W 11 V 0 1		() General comments			
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:							
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