

CITY OF LOS ANGELES SPEAKER CARD

11-1578

Date 27 Sep 11

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 31

I wish to speak before the COUNCIL
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

Name: Dr Tom Williams (X) Against proposal () General comments

Business or Organization Affiliation: LA 32 NC

Address: _____
Street City State Zip 90032-1712

Business phone: _____ Representing: DSP Liaison

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

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CF 11-1578

Date 9/27

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. #1

I wish to speak before the E + E Cmte 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 () General comments

Name: NICOLE BERNSON

Business or Organization Affiliation: CD 12

Address: 200 N. Spring St. # 405 LA 90012

Business phone: 213-473-7012 Representing: CM. Englander

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Client Address: Street City State Zip

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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 (x) Against proposal () General comments

Name: Dr. Tom Williams

Business or Organization Affiliation: LAB2NC

Address: 90032-1712

Business phone: Representing: DWP Liaison

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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
Name: Don Lomel () General comments

Business or Organization Affiliation: COPEL

Address: _____
Street City State Zip

Business phone: _____ Representing: SA

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

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