CITY OF LOS ANGELES SPEAKER CARD

Date 6-12-12	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee	¥ 1 (· ·)
	public comment, or to speak for or against a pro	
Name: <u>Glenn</u>	Bailey	() Against proposal () General comments
Business or Organization Affilia	tion:	
Address:		
Address:Street	City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT II	
Client Address: Street	City	State Zip
Street	Oity	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.

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the Council File No., Agenda Item, or Case No. 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 () 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: Client Name: Phone #:	CI ,	TY OF LOS ANGELES SPEAKER	CARD #2		
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 () Against proposal () 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:	Date 6//2/12		_		
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Name:	N	lame of City Agency, Department, Committee or	Council		
Address: Street City State Zip Business phone: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			_ , <u>.</u>		
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Client Name: Phone #:	CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
	Client Name:		Phone #:		

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City

State

Zip

Client Address:

Street

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