## CITY OF LOS ANGELES SPEAKER CARD

	Ì	2-	Ô	4	14
A CONTRACTOR OF THE PARTY OF TH	8	· -	***		* (.)

Date 22 FEB 12

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

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

I wish to speak before theNa	IDGS COMM	TTEE	
Na	ame of City Agency, Departmen	nt, Committee or Council	
Do you wish to provide general public Name:		against a proposal on the a	genda? (义) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:	7674		
Address: 813 \ DELGAN Street	TAVE PLAYS	TEL REY (A) Stat	90293-7815 e Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE	ECLIENT INFORMATION	BELOW:
Client Name:		***************************************	Phone #:
Client Address:Street		<u> </u>	
			·
Please see reverse of card for in			siding officer or chairperson.
	NOTE: THIS IS A PUBI	IC DOCUMENT.	
CIT	Y OF LOS ANGELES	SPEAKER CARD	
Date Laboration	THE CITY COUNCIL'S RU	ILES OF	CF 12-03-18 File No., Agenda Item, or Case No.
120 49 430	DECORUM WILL BE ENF	ORCED.	41/2
l wish to speak before the Na	22/2/	9km)	
Do you wish to provide general public	comment, or to speak for or a	against a proposal on the a	genda? 闪 For proposal ( ) Against proposal
Name: Month	North France		( ) General comments
Business or Organization Affiliation:		1	
Address:Street		£	
Street Business phone:	City Representina:	State	e Zip
CHECK HERE IF YOU ARE A PA		CLIENT INFORMATION	BELOW:
		Market Company	<u>₹</u>
Client Name:		<u> </u>	Phone #:
Client Address:	City	State	e Zip

	CITY OF LOS ANG	ELES SPEAKER	CARD	13-0191					
Date 2/23	THE CITY COUNC		Council File No.,	Agenda Item, or Case No.					
I wish to speak before the									
	Name of City Agency, De	partment, Committee or	Council						
Do you wish to provide general Name:		for or against a proposa	al on the agenda?	<ul><li>(✗) For proposal</li><li>( ) Against proposal</li><li>( ) General comments</li></ul>					
Business or Organization Affiliation: Bureau 3 A Seyi 7, 704									
Address: //44	5. Braday								
Street Business phone:	/	***************************************	State	Zip					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:									
Client Name:			P	none #:					
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.