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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

			12-0600	
Date	THE CITY COUNCIL'S RULES	OF Council File No.	Agenda Item, or Case No.	
05/32/12	DECORUM WILL BE ENFORC	ED. Hem	32-Special	
I wish to speak before the	City Council			
	Name of City Agency, Department, Co	mmittee or Council		
(houdes	public comment, or to speak for or agains	st a proposal on the agenda	() Against proposal	
Name:	DOOVIO	45 - 3	() General comments	
Business or Organization Affiliat	ion: WHA WAUNTIN	3E10721		
Address: 547	Wilshire Blyd.	LA, CA	90011	
Business phone: 3 0 - 97	2-087 Representing:	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		P	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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			1
Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
5-30-12	DECORUM WILL BE ENFORCED.	💆 3	2/12.0000
I wish to speak before the	Comar		
	Name of City Agency, Department, Committee or	Council	
" / \ \ '	public comment, or to speak for or against a proposi	al on the agenda?	P()For proposal ()Against proposal
Name: HTUKOU	>pc4>		() General comments
Business or Organization Affiliati	ion:	***************************************	
Address: Street	Lennox	State	
	Oity :		
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date		THE CITY COUNCIL'S RULES OF	Council File No., Ager	nda Item or Case No.
)/3c	2/h	DECORUM WILL BE ENFORCED.	* **	2/12-0600
	115			12-00-00
I wish to speak before	। re the			
		e of City Agency, Department, Committee	e or Council	and the state of t
Do you wish to provi	de general public c	omment, or to speak for or against a pro	posal on the agenda?	For proposal
Name:	U	June Spirill	en	Against proposal General comments
Address:				
	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	OU ARE A PAID	SPEAKER AND PROVIDE CLIENT IN	NFORMATION BELOW:	
Client Name:			Phone	» #;
Client Address:	Street	City	State	Zip

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Van Nuys

Date/Time Submitted 05/30/2012 10:12 AM		Council File No., Agenda Item 32	7 Case No. 12 · 0600
I wish to speak before the	Co	ouncil	
	Name of City Agency, Dep	artment, Committee or Council	
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Business or Organization Affiliatio	nn:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT	Γ INFORMATION BELOW:	
Client Name:		Phone No.:	
Client Address:			