12-1494

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 GUS	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 Assessed Complete))	
Do vou wish to provide gene	Name of City Agency, Department, Commettee of careful public comment, or to speak for or against a propo		7 ()-For proposal
Name:	Agre Grom Arci	100 G	Against proposal () General comments
Business or Organization Affi	iliation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU AR	RE A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:		P	hone #:
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 6 -2 -15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Council File No., Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Committee	or Council			
Do you wish to provide general pu	iblic comment, or to speak for or against a prop	osal on the agenda?			
Name:	Antonia fran	nino	() Against proposal () General comments		
Business or Organization Affiliation	1:				
Address:Street	City	State	Zip		
Business phone:			210		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELO	w:		
Client Name:		Ph	none #:		
Client Address:	City	State	Zip		

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Date July I wish to speak before the	City	COUNCIL'S RULES O	. //	o., Agenda Item, or Case No.
	Name of City Agen	cy, Department, Com	mittee or Council	
Do you wish to provide general pu	ublic comment, or to	speak for or against	a proposal on the agenda	a? () For proposal
Name:	ryan	Barajas		() Against proposal () General comments
Business or Organization Affiliatio	n:			
Address:	_			
Street	~	City	State	Zip
Business phone:	Represer	nting:		
CHECK HERE IF YOU ARE A	PAID SPEAKER A	AND PROVIDE CLIEN	NT INFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:		City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.