	CITY OF LOS ANGELES SPEAKE	R CARD	2-1696	
YOU ARE N	IS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON NOT REQUIRED TO PROVIDE PERSONAL INFORMATI THE EXTENT NECESSARY FOR THE PRESIDING OFI	ON IN ORDER TO S	SPEAK,	
Date 1-7-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	e No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee of	or Council		
Name:	I public comment, or to speak for or against a propo		 Against proposal General comments 	
Address:Street		State		
	City Representing:		Zip	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:	
Client Name:		F	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.

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 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.
I wish to speak before the
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: () Against proposal () General comments Business or Organization Affiliation:
Address: 5 JH7 LAVENL GH 91607
Business phone: Representing:
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Address: Dorth http://word 9160-

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CITY OF LOS ANGELES SPEAKER CARD

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Date []] / 5	DECOR	TY COUNCIL'S RULES OF UM WILL BE ENFORCED.		Council File No #7	., Agenda Item, or Case No.
I wish to speak before the	Name of City A	agency, Department, Commi	ittee or C	Council	
Do you wish to provide general p	ublic comment, c	or to speak for or against a	proposa	l on the agenda	? () For proposal
Name:	OHN U	VALJI			 () General comments
Business or Organization Affiliation	in:				
Address:Street	LA_	City		State	Zip
Business phone:	Repr	esenting:			
CHECK HERE IF YOU ARE A	PAID SPEAKE	R AND PROVIDE CLIENT		MATION BELC	ow:
Client Name:				P	hone #:
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.