## CITY OF LOS ANGELES SPEAKER CARD

13-1827

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

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Date 1-4-13	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 of		
Do you wish to provide general	public comment, or to speak for or against a propo	sal on the agenda	? ( ) For proposal
Name: Da	NIEL JONES		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliat	tion:	·	
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	ow:
Client Name:		P	Phone #:
Client Address:	City	State	Zip
Please see reverse of card	for important information and submit this entire care	d to the presiding (	officer or chairperson.

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Date    Wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.			
Na	me of City Agency, Department, Committee o	or Council				
Do you wish to provide general public	comment, or to speak for or against a propo	osal on the agenda?	( ) Eer proposal ( ) Against proposal ( ) General comments			
Business or Organization Affiliation:						
Address:Street	· ·					
		State	Zip			
Business phone:	Representing:	***************************************				
CHECK HERE IF YOU ARE A PAI	D SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	<b>/</b> :			
Client Name:		Pho	one #:			
Client Address:						
Street	City	State	Zip			

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Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.			
1-4-12	DECORUM WILL BE ENFORCED.	5				
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 ( ) Against proposal						
Name: HRNOUD	Speris		( ) General comments			
Business or Organization Affiliation:						
Address:	lermo					
Address:Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Ph	one #:			
Client Address:						
Street	City	State	Zip			

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