CITY OF LOS ANGELES SPEAKER CARD

13-0002-5135

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.	Council File No	., Agenda Item, or Case No.		
I wish to speak before the					
	ame 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:			() General comments		
Business or Organization Affiliation: _					
Address:					
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:		
Client Name:		F	Phone #:		
Client Address:	Cit.	Otata	7		
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 20 4	THE CITY COUNCIL'S RUL DECORUM WILL BE ENFO	lm () () !	Council File No.,	Agenda Item, or Case No.			
I wish to speak before the	Council		8 clo				
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:	VEXIOUS LAIGH	421		General comments			
Business or Organization Affiliation:							
Address:	LWQ+	Hales	4				
Street	City /		State	Zip			
Business phone:	Representing:	<u> </u>					
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Date 1/14/12	4	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		o., Agenda Item, or Case No. 23 <i>CF 13-000</i> 2\$1
I wish to speak befo		Council Name of City Agency, Department, Comm	ittee or Council	
		blic comment, or to speak for or against a $M^{\leq} Q V I S T O \Lambda$		a? () For proposal () Against proposal () General comments
		1:		
Address:				
	Street	City	State	Zip
Business phone: _		Representing:		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	I INFORMATION BEL	ow:
Client Name:				Phone #:
Client Address:		City	State	Zip

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