CIT	T DF LOS ANGELES SPEAKER	ARD		
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Date 17 MAY 13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before theNa	CITY COUNCIC me of City Agency, Department, Committee or	<u>- 13-000-566</u> Council		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (/) For proposal Name:				
Business or Organization Affiliation:				
Address: <u>3</u> PO BO	0X661435 LAC City	- A 50066		
	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:		Phone #:		
Client Address:	City	State Zip		
Please see reverse of card for imp	portant information and submit this entire card	to the presiding officer or chairperson.		

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Date 5/17/13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	No., Agenda Item, or Case No.	
) 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 () Against proposal () General comments				
Business or Organization Affiliati	on: People for community imp	rovenen T		
Address: 13008 Streat	Figueroa ST. L.A.	<u>CA</u>	9006]	
Business phone: 323/303-3339 Representing: Court CLOSURE				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	
Please see reverse of card for	or important information and submit this entire card	to the presiding	officer or chairperson.	

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. Agenda Ite	m, or Case No.	
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Address:Street	City	State Zip		
	Representing:			
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I wish to speak before the	Kenyon Court Closures	~		
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Business phone: Representing:				
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.				

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,	Name of City Agency, De	epartment, Committee or (Council	
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Business or Organization Affiliati	on: $LASC =$	SETU 721	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Street Business phone:			State	Zìp
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Address: <u>3622</u>	E. Slavsen A	R. Mayson	zip zip	
	30-8194 Representing: Resu		aguesog	
	A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BE		
Client Name:			_ Phone #:	
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CITY)F LOS ANGELES SPEAKER ARD

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