## CITY OF LOS ANGELES SPEAKER CARD

	의료 보는 사람들이 가장 하지만 중요한 보는 경험		
Date 4-171-13	THE CITY COUNCIL'S RU DECORUM WILL BE ENFO	LES OF	File No., Agenda Item, or Case No.
I wish to speak before the	LA AD HAC RI		(/~~) 13-0024
	Name of City Agency, Departmen	t, Committee or Council	
Marie and Marie	public comment, or to speak for or a	MCR.	/ \ Amound proposal
Name:	DEE TOFF	the state of	( ) General comments
Business or Organization Affilia	tion: SAN FERNAND	Y Musey August	The Same Car of The
Address: <u>5/3/ 6/46</u>	SS AR INCHECON	m Or	Market State of the State of th
Business phone: Sireet		State	Zip
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 important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

## CITY OF LOS ANGELES SPEAKER CARD

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	Name of City Agency, Department, Committee o	r Council		
	public comment, or to speak for or against a propos		? ( ) For proposal ( ) Against proposal ( ) General comments	
	ion:			
Address:Street				
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	ow:	
Client Name:		Phone #:		
Client Address:				
Street	City	State	Zip	

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## CITY OF LOS ANGELES SPEAKER CARD

THE CITY COUNCIL'S RULES OF

Council File No., Agenda Item, or Case No.

Date

when the 13	DECORUM WILL BE ENFORCED.		CF 13-00	24
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I wish to speak before the	Ad Hoe River			
	Name of City Agency, Department, Commi	ttee or Council		
Do you wish to provide ger	neral public comment, or to speak for or against a p	proposal on the agend		
Name: Maria	Dodge		( ) Against prop ( ) General com	
	Affiliation: Friends of Griff	the state of the s		<u> </u>
Address:				
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU A	RE A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BEL		
Client Address:Street				
Street	City	State	Zip	

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