СП	T DF LOS ANG	ELES SPEAKER	ARD	V
YOU ARE NOT RE	EQUIRED TO PROVIDE PI	BJECT TO POSTING ON 1 ERSONAL INFORMATION 1 THE PRESIDING OFFICE	IN ORDER TO SI	PEAK, 12 COD
Date 1/25/13	THE CITY COUNCI DECORUM WILL B	E ENFORCED.	Council File No., Them #	Agenda Item, or Case No.
Twish to speak before the	In Seley Commanne of City Agency, Dep	iHee artment, Committee or C	Council	
Do you wish to provide general public Name: _ Eric Bruins				<ul> <li>(&gt;) For proposal</li> <li>() Against proposal</li> <li>() General comments</li> </ul>
Business or Organization Affiliation: _	LA County Di	kych Coalibbu	<b>\</b>	
Business or Organization Affiliation: Address: $6345_5$	St. Sk. 821	LA	CA	90019
Business phone: 213 629 21		Dity	State	Zip
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PR	OVIDE CLIENT INFOR	MATION BELO	w:
Client Name:			PI	none #:
Client Address:Street	(	Sity	State	Zip
Please see reverse of card for im	portant information and	submit this entire card to	o the presidina o	fficer or chairperson.