## CITY OF LOS ANGELES SPEAKER CARD

13.0109

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    P	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or	1 7	lo., Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a propos	sal on the agend	a? / For proposal
Name:	m WALSH		( ) Against proposal     ( ) General comments
Business or Organization Affiliati	on:		
Address:	City	State	Zip
	Representing:		·
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BEL	.ow:
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.

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	<b>~</b>			
Date	THE CITY COUNCIL'S RULES OF	Council File No.,	Council File No., Agenda Item, or Case No.	
10-25-13	DECORUM WILL BE ENFORCED.		1	
I wish to speak before the	Comer			
·	Name of City Agency, Department, Committee	or Council		
Λ	public comment, or to speak for or against a propo	sal on the agenda?	( ) For proposal ( ) Against proposal	
Name: HW	oup Salas		( ) General comments	
Business or Organization Affiliati	ion:			
Address:	Lennis			
Address:Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOV	w:	
Client Name:		Ph	one #:	
Client Address:				
Street	City	State	Zip	

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Date  10-25-13  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee o		Agenda Item, or Case No.
Do you wish to provide general pub	lic comment, or to speak for or against a propo	sal on the agenda?	( ) For proposal
Name: Juan	Alcala	***************************************	( ) Against proposal     ( ) General comments
Business or Organization Affiliation:			
Address:Street	City	State	Zip .
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:Street	City	State	Zip

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