CITY OF LOS ANGELES SPEAKER CARD

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	Council File No., Agenda Item, or Case No.			
2-19-13	DECORUM WILL BE ENFORCED.	8			
I wish to speak before the	CC				
	Name of City Agency, Department, Committee or	Council			
	public comment, or to speak for or against a propos				
	ion: TYWOFAC				
Address:					
Street	City	State Zip			
Business phone:	Representing:	P			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	me: 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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Date 2 19	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Committee or C	Council			
Do you wish to provide general pu	ıblic comment, or to speak for or against a proposa	I on the agenda?) For proposal) Against proposal) General comments		
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· ·	n:		· ·		
Address: Street	City	State	Zip		
Business phone:	Representing:		,		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pho	one #:		
Client Address:		Chal	7:		
	City	State	Zip		
Please see reverse of card fo	r important information and submit this entire card t	to the presiding off	icer or chairperson.		
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Date ()	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Ne., A	genda Item, or Case No.		
I wish to speak before the					
Name of City Agency, Department, Committee or Council					
•	ublic comment onto speak for on against a propose	I on the agenda?	() Against proposal		
Name: General comments					
Business or Organization Affiliation:					
Address: Street	Gity A	State	Zip /		
Business phone:	riepresenting: Atty		CAS-		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	<u> </u>	Pho	one #:		
Client Address:Street	City	State	Zip		
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