

CITY OF LOS ANGELES SPEAKER CARD

13-0303-56

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
March 15, 2016

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.
33

CF 13-0303-56

I wish to speak before the CITY COUNCIL
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

() General comments

Name: DOUG HAINES

Business or Organization Affiliation: _____

Address: P.O. Box 93596 LA CA 90093
Street City State Zip

Business phone: 310 281-7625 Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

CITY OF LOS ANGELES SPEAKER CARD

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Date 3-15-16

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No.
33

I wish to speak before the CITY COUNCIL
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
Name: Donna Pearman () General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Date

3/15/16

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I wish to speak before the _____

CC
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

Name: Patricia McAllister () Against proposal
() General comments

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____

Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____

Phone #: _____

Client Address: _____

Street

City

State

Zip