CITY OF LOS ANGELES SPEAKER CARD

YOU ARE N	IS IS A PUBLIC DOCUMENT SUBJECT TO POSTING O NOT REQUIRED TO PROVIDE PERSONAL INFORMATIC THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date 8-1-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. H5-	, Agenda Item, or Case No.
I wish to speak before the	Arts parks Five Ce Name of City Agency, Department, Committee o		ــــــــــــــــــــــــــــــــــــــ
Name:	public comment, or to speak for or against a propo	sal on the agenda'	?()For proposal ()Against proposal ()General comments
Business or Organization Affilia Address:	ation:		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELC	W:
Client Address:Street			
Street	City	State	Zip
Please see reverse of card	I for important information and submit this entire card	d to the presiding c	fficer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

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Date A A.	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda item, or Case No.
8116	DECORUM WILL BE ENFORCED.	_	$\mathbf{>}$
I wish to speak before the	Name of City Agency, Department, Committee	2 or Council	
	Name of City Agency, Department, Committee	or Council	
Do you wish to provide gener	ral public comment, or to speak for or against a prop	osal on the agenda?	() For proposal
			() Against proposal
Name:	Jummly	6	General comments
Business or Organization Affi	liation:		
Address:	City		
Street	City	State	Zip
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CHECK HERE IF YOU ARI	E A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
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		Pr	10ne #:
Client Name:			
	City	State	Zip

CITY OF LOS ANGELES SPEAKER CARD

Date 08-1-2016	Council File No.			
I wish to speak before the				
	epartment, Committee or Council			
Do you wish to provide general public comment, or to speak Name: he-ma herma Aka	for or against a proposal on the agenda? (For proposal DV. B General comments			
Business or Organization Affiliation:	MDC . 1985			
Address:Street				
Business phone: Representing:	City DOJ State Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: BVMAMBAS V.	0H10 969 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.