15-0600-2156

CITY OF LOS ANGELES SPEAKER CARD

(DHS)

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

Date: 6-6-14

Council File No., Agenda Item, or Case No.
#4

I wish to speak before the **LA CITY**

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?
(X) For proposal
( ) Against proposal
( ) General comments

Name: **RICK NIGHTINGALE**

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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

(DHS)

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

Date: 6/6/14

Council File No., Agenda Item, or Case No.
4

I wish to speak before the _____

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: **Miriam Foster**

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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD (DNS)

Date: 6-6-2014

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

Council File No., Agenda Item, or Case No.
4

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: ___

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

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.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD (DNS)

Date: 6-6-14

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

Council File No., Agenda Item, or Case No.
4

I wish to speak before the ___ 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: ___ Arnold Sachs ___ ( ) General comments

Business or Organization Affiliation: ___

Address: ___
Street ___ R-Beach 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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

Date

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

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

I wish to speak before the _____

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: _____

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

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

NOTE: THIS IS A PUBLIC DOCUMENT.