CITY OF LOS ANGELES SPEAKER CARD

13-005 Grander

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

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	Council File No., Agenda Item, or Case No.	
wish to speak before the				
	Name of City Agency, Department, Committee of	r Council		
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda	(? () For proposal	
Name:	way SARW		() Against proposal () General comments -	
Business or Organization Affiliati	on:			
Address:Street	City	***************************************		
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELO	ow:	
Client Name:		F	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 5/3//3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.			
I wish to speak before theN	ame of City Agency, Department, Commit	ttee or Council				
Do you wish to provide general publ	ic comment, or to speak for or against a p	proposal on the agenda?	(L) For proposal () Against proposal () General comments			
Business or Organization Affiliation: Address:						
Street 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:Street	City	State	Zip			

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Date 5-3/-/3 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or	4	o., Agenda Item, or Case No.		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal Name:					
Address:Street	City	State	Zip		
	Representing:		·		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:		
Client Name:			Phone #:		
Client Address:Street	City	State	Zip		

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