

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

5

Date 3/21/13

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

Council File No., Agenda Item, or Case No. 5 13-0658

I wish to speak before the PW
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: Russell Brown

Business or Organization Affiliation: Resident

Address: 541 S. Spring St #314
Street City State Zip

Business phone: 213 988 0358 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.

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5

Date
8/21/13

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

Council File No., Agenda Item, or Case No.
13-0658 / 5

I wish to speak before the Public Works
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: Brittney Garza

Business or Organization Affiliation: Historic Downtown Business Improvement District

Address: 211 W. 5TH ST. Los Angeles CA 90013
Street City State Zip

Business phone: 213-605-1425 Representing: _____

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Date

8-21-13

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

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

13-0658 #5

I wish to speak before the

Public Works Committee

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: *SID MAKSOUDIAN*

Business or Organization Affiliation: *ST. VINCENT COURT HISpanic center*

Address: *600 ST. VINCENT COURT*

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

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Date

August 21, 2013

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

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

13-0658 / Item 5

I wish to speak before the

Public Works Committee

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:

Blair Besten

Business or Organization Affiliation:

Historic Downtown Business Improvement District

Address:

453 S Spring Street Suite 1116 LA CA 90013

Street

City

State

Zip

Business phone:

213-488-1901

Representing:

Board, property owners, businesses

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

Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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

13-0658

5

I wish to speak before the PUBLIC WORKS
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: PATTY BERMAN General comments

Business or Organization Affiliation: DOWNTOWN LA NEIGHBORHOOD COUNCIL
Address: 541 S SPRING ST LA CA 90013
Street City State Zip
Business phone: 213 200 0523 Representing: SELF

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8/21/13

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

5

I wish to speak before the

Sara Hernandez

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: CD 14

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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