CITY OF LOS ANGELES SPEAKER CARD

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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 4-30 -/4		COUNCIL'S RUI I WILL BE ENFO		Council Fil	e No., Agenda	a Item, or Ca $\sqrt{3-0}$	15e No.
I wish to speak before the	Name of City Age	COUXC	Committee or C	Council			
Do you wish to provide general p	public comment, or t	to speak for or ag	gainst a proposal		17	For proposa Against pro General cor	posal
Business or Organization Affiliati	on: STOP 1	H6 M/1	160NN11				<u>,0/2/</u>
Address: $\frac{3/JO}{\text{Street}}$ Business phone: $\frac{3/3}{3}$	BUCAND	City		State	90	1068 tip	
Business phone: 323 963			CLIENT INFOR	MATION F	ELOW:		MINING THE PROPERTY OF THE PRO
Client Name:		Alabinoans			_ Phone #		
Client Address:Street		City	***************************************	State	Z	i ip	ATTENDED TO THE PARTY OF THE PA

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

CITY OF LOS ANGELES SPEAKER CARD

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		HE EXTENT NECESSARY FOR THE PRESIDING OF		
Date 70	14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	b., Agenda Jem, or Case No.
I wish to speak bet	fore the	N. COLLA		ree
		Name of City Agency, Department, Committee	or Council	
Do you wish to pro	ovide general p	public comment, or to speak for or against a prop	oosal on the agenda	Per proposal Against proposal
Name:		155T man		() General comments
Business or Orgar	ization Affiliati	on:		
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_	Street	City	State	Zip
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CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BEL	ow: 📖
Client Name:				Phone #:
Client Address:				
Client Address:	Street	City	State	Zip

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Date Wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	# 19	o.,/Agenda Item, or Case No.					
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: () General comments								
Business or Organization Affiliation: Q holywood den								
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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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