CITY OF LOS ANGELES SPEAKER ARD

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

Date 8/13 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	Iq., Agenda Item, or Case No. 3-0745				
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: Wayne from Encino () General comments							
Business or Organization Affiliation:							
Address:Street	City	State	Zip				
Business phone	Representing:						
Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: 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 I wish to speak before	DECORUM WIL	NCIL'S RULES OF L BE ENFORCED COUNCED	2	Agenda Item, or Case No.		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (A) For proposal (A) Against proposal						
Name: 8	m WALSH			() General comments		
Business or Organization Affiliation:						
Address:	CA					
Sti	eet	City	State	Zip		
Business phone:	Representing	g:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Pł	none #:		
Client Address:	eet	City	State	Zip		

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Date 6-13	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Item, or Case No. 2			
I wish to speak before the	CC					
	ame 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 Business or Organization Affiliation:						
Business of Organization Anniation,						
Address:Street	City	State	Zip			
	Representing:		·			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Phone #:			
Client Address:	City	State	Zip			

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