## CITY OF LOS ANGELES SPEAKER CARD

13-0964

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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VIII III . F	Calment				
I wish to speak before the			. !		
	Name of City Agency, Department, Com	imittee 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:	avenous lataly		General comments		
Business or Organization Affiliation:					
Address:	LO CAN	ples of			
Street	City	State	Zip		
Business phone:	Representing:	<u> </u>			
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 / / /	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
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I wish to speak before the	The same of the sa		
Nar	ne of City Agency, Department, Committee or	Council	
Name:	comment, or to speak for or against a proposa		O ( ) For proposal O ( ) Against proposal O ( ) General comments
Address:	01.		7
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAII	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	w:
Client Name:		PI	hone #:
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 1/14/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	. Agenda Item, or Case No.		
I wish to speak before the	1 - commissioner				
Name of City Agency, Department, Committee or Council					
Do you wish to provide general p	public comment, or to speak for or against a proposa	and the state of t	Against proposal		
Name:	July Sport alen	<u> </u>	( ) General comments		
Business or Organization Affiliation:					
Address:Street	City	State	Zip		
	Representing:				
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CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	JVV:		
Client Name:		F	Phone #:		
Client Address:					
Street	City	State	Zip		

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