	CITY OF LOS	ANGELES SPEA	KER CARD	13-1090
YOU A	: THIS IS A PUBLIC DOCUM RE NOT REQUIRED TO PRO TTO THE EXTENT NECESSA	VIDE PERSONAL INFOR	RMATION IN ORDER T	O SPEAK,
Date		OUNCIL'S RULES OF WILL BE ENFORCED.		e No., Agenda Item, or Case No. 4 O
I wish to speak before the	Name of City Agen	COVACI cy, Department, Comm	ittee or Council	
Name:	heral public comment, or to So hr いんしろ/-	1		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization A	Affiliation:			
Address:Street	LA.	City	0	
	Represer			Zip
	ARE A PAID SPEAKER A			
Client Name:				_ Phone #:
Client Address:		City	State	Zip
	card for important information			

	C	ITY OF LOS AN	IGELES SPEAK	KER CARD	
	YOU ARE NOT	<b>REQUIRED TO PROVID</b>	E PERSONAL INFORM	IG ON THE CITY'S WEBSI MATION IN ORDER TO SPE OFFICER TO CALL UPON	AK, / /)/()
Date OCF	7,2015	DECORUM WIL	NCIL'S RULES OF L BE ENFORCED.	40	genda Item, or Case No.
I wish to speak bef		City Name of City Agency, I	Counci Department, Committe	1	
Do you wish to pro Name:	vide general pul	plic comment, or to spe Bryan	eak for or against a pr Rarajae	roposal on the agenda?( ( (	) For proposal ) Against proposal ) General comments
		:	-		`
Address:	Street		City	State	Zip
		Representing			
				INFORMATION BELOW	:
Client Name:				Pho	ne #:
Client Address:	Street		City	State	Zip
		important information a	and submit this entire	card to the presiding offic	cer or chairperson

C	CITY OF LOS ANGELES SPEAKE	R CARD	( )
YOU ARE NOT	A PUBLIC DOCUMENT SUBJECT TO POSTING REQUIRED TO PROVIDE PERSONAL INFORMAT E EXTENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO S	PEAK, DIA
Date 10-7-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. 4-6	, Agenda Item, or Case No.
Lwish to apoply hofers the	( (		
I wish to speak before the	Name of City Agency, Department, Committee	or Council	
	Name of Only Agency, Department, Committee		
Do you wish to provide general pu Name:Business or Organization Affiliation	11		<ul><li>Against proposal</li><li>General comments</li></ul>
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Address:Street	City	State	Zip
Please see reverse of card for	important information and submit this entire car	d to the presiding o	fficer or chairperson.