

CITY OF LOS ANGELES SPEAKER CARD

13-1105

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: 09/27/17

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

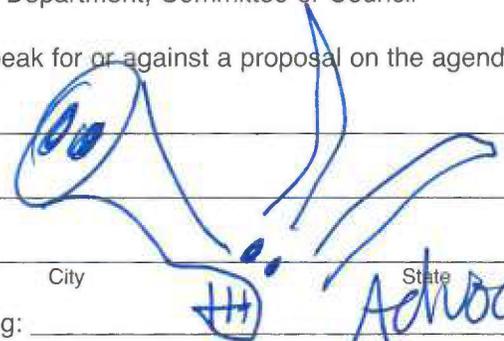
Council File No., Agenda Item, or Case No.

5 FIVE FOOL!

I wish to speak before the \_\_\_\_\_ 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 (X) Against proposal (X) General comments

Name: Herman, Herman



Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_ Advocacy

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

Client Name: Brandenburgs V LA Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_ Street Hunt City LA State Zip 90002

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

**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

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

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

I wish to speak before the \_\_\_\_\_  
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: \_\_\_\_\_

Business or Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ CDI = Gil \_\_\_\_\_ 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.