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	CITY OF LOS ANGELES SPEA	KER CARD	823CC			
/ / YOU ARE NO	S IS A PUBLIC DOCUMENT SUBJECT TO POST OT REQUIRED TO PROVIDE PERSONAL INFOR THE EXTENT NECESSARY FOR THE PRESIDING	MATION IN ORDER TO SPE	AK,			
Date 9 _ 2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.			
I wish to speak before the			·			
Mr. )	Name of City Agency, Department, Committee or Council					
/ / /	public comment, or to speak for or against a p	proposal on the agenda?( ( (	) For proposal ) Against proposal ) General comments			
Business or Organization Affiliat	ion:					
Address:Street	and the second sec	State	Zip			
Business phone:		thorey				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Pho	ne #:			
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.						

## CITY OF LOS ANGELES SPEAKER CARD

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING C TREQUIRED TO PROVIDE PERSONAL INFORMATI HE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	SPEAK,		
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		Council			
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:					
Address:Street		State	Zip		
	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		P	'hone #:		
Client Address:Street	City	State	Zip		
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## CITY OF LOS ANGELES SPEAKER CARD

YOU ARE NOT REC	PUBLIC DOCUMENT SUBJECT TO POSTING C QUIRED TO PROVIDE PERSONAL INFORMATI TENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO	SPEAK,		
Date 1/4/28	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.		
I wish to speak before the		)	•		
	ne of City Agency, Øepartment, Committee of City Agency, Øepartment, Committee of comment, or to speak for or against a propo	sal on the agenda	a?()For proposal ()Against proposal ()General comments		
Business or Organization Affiliation:	7				
Address: Street	City	State	Zip		
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		
Please see reverse of card for imp	portant information and submit this entire car	d to the presiding	officer or chairperson.		