14-0040 SP

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Date 5 5	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 o	WC/ r Council	
Do you wish to provide general Name:	al public comment, or to speak for or against a propos	sal on the agenda?	<ul><li>? (</li></ul>
Business or Organization Affili			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

# Sok Alive CITY OF LOS ANGELES SPEAKER CARD

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

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Date 5-/5-/5  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Commit	8	Agenda Item, or Case No.
			/
Do you wish to provide gene	ral public comment, or to speak for or against a p	roposal on the agenda?	( ) For proposal
Name:	Splone James	5	Against proposal     General comments
Business or Organization Affi	iliation:	<i></i>	
Address:			
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CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	v:
Client Name:		Pho	one #:
Client Address:			
Street	City	State	Zip

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Date 5/	15/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.
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Address:	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELO	w:
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YOU ARE	HIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING NOT REQUIRED TO PROVIDE PERSONAL INFORMA O THE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO SPEAK,
Date 2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No. Agenda Item or Cese No.
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	Name of City Agency, Department, Committee	or Council
Do you wish to provide general Name:	al public comment, or to speak for or against a prop	( ) General comments
Business or Organization Affili	ation:	
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #;
Client Address:		
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