CITY OF LOS ANGELES SPEAKER CARD

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Date 3/5/2014	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.			
I wish to speak before the LA CITY CERUCIC						
Name of City Agency, Department, Committee or Council						
Town D	ublic comment, or to speak for or against a propos	sal on the agenda	? () For proposal () Against proposal () General comments			
Name: JOYCE D	1019		() General comments			
Business or Organization Affiliation:						
Address: PO BOX	31377 LA 902	>37	· · · · · · · · · · · · · · · · · · ·			
Street	City	State	Zip			
Business phone:	Representing:		<u> </u>			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:	t Name: Phone #:					
Olicus Andreas						
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 3.5.14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Committee	or Council			
Do you wish to provide general p	ublic comment, or to speak for or against a prop	oosal on the agenda	? (X) For proposal () Against proposal () General comments		
Business or Organization Affiliation	on: GCOSYNTECH With	Metabolic	Studios		
Address:Street	City	State	Zip		
Business phone:	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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Date 2/ -//	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.
2/5//4	DECORUM WILL BE ENFORCED.	12 31	
I wish to speak before the	City Council		
Na	ame of City Agency, Department, Committee or	Council	
	c comment, or to speak for or against a propos		? () For proposal () Against proposal () General comments
Business or Organization Affiliation:		****	
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zin .

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