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 11/20/	17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	#2	, Agenda Item, or Case No.
I wish to speak bef	ore the Rul	05	14-1	0366-57
		ame of City Agency, Department, Committee	or Council	
Do you wish to pro	vide general publi	c comment, or to speak for or against a prop	posal on the agenda	? () For proposal
Name: Humb	ento Quint	and		(X) Against proposal () General comments
Business or Organ	ization Affiliation:	Council Office #7		
Address:				
	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELC	ow:
Client Name:			P	hone #:
Client Address:		07.	01-1-	77
	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	THE CITY COUNCIL'S RULES OF	Council File No	., Agend Item, or Case No.
11-20-17	DECORUM WILL BE ENFORCED.		1
I wish to speak before the	Rules + Elections Com Name of City Agency, Department, Committee		14-0366-S
	public comment, or to speak for or against a prop		? () For proposal
Name: Tatyona	Brenner.		() Against proposal () General comments
Business or Organization Affiliation			
Address:Street	0.	01.1	7
	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	ow:
Client Name:		P	Phone #:
Client Address:			
Street	City	State	Zip

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Date	THE CITY COUNCIL'S RULES O		Agenda Item, or Case No.
	DECORUM WILL BE ENFORCED).	
I wish to speak before the	Name of City Agency, Department, Com	mittee or Council	
Do you wish to provide general	public comment, or to speak for or against	a proposal on the agonda	() For proposal
			Against proposal General comments
Name:			General comments
Business or Organization Affiliat	1019.	V W	
Address:			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIE	T INFORMATION BELOV	V:
110			
Client Name:		Ph	one #:
	- U X - 71 1		
Client Address:Street	CM	State	Zip
Stieet		Otato	

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.