

CITY OF LOS ANGELES SPEAKER CARD

Date: 11/28/2017

Council File No., Agenda Item, or Case
Item NO. (7) - 14-0366-S4

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **Against Proposal**

Name: Doug Haines

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: _____

Phone#: _____

Client Address: _____

Street

City

State

Zip

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Allison Margolin

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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Name: Allison Margolin

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Michael White

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? **General Comment**

Name: Gilbert Mora

Business or Organization Affiliation: Behavioral Health Services, Inc.

Address: 6838 Sunset Blvd Los Angeles CA 90028
Street City State Zip

Business Phone: 3234613161

Representing: _____

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Name: Goody

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: 666 Herman

Business or Organization Affiliation: _____

Address: _____
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Business Phone: _____ Representing: _____

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Name: Fonda Cox

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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Name: Liz Banks

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business Phone: _____ Representing: _____

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