CITY OF LOS ANGELES SPEAKER CARD

14-0385

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 2-16-16	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 propos	al on the agenda? () For proposal () Against proposal
Name:	Evicyclycn	() General comments
Business or Organization Affiliation	n:	Dot ding
Address: Street 35	-541 tings ay, city 17,00	State 12 John Jip
Business phone:	Representing:	in for incore!
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:Street	All Charles India	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 2 / / / / / / / / / / / / / / / / / /	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORM Name of City Agency, Department, C	DONCIL	Agenda Item, or Case No.
Do you wish to provide general Name: Dhy Business or Organization Affiliat	, , ,	nst a proposal on the agenda?	() For proposal () Against proposal () General comments
Address:Street			
Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CL	LIENT INFORMATION BELO	w:
Client Name:		PI	none #:
Client Address:	City	State	Zip

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EXCEPT	TO THE EXTENT NECESSART FOR THE PRESIDIN	IG OFFICER TO CALL UPO	N 100
Date / 7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	1//	Agenda Item, or Case No.
wish to speak before the _	Name of City Agency, Department, Comm	littee or Council	
Name:	eral public comment, or to speak for or against a	funt	For proposal Against proposal General comments
Business or Organization Af	filiation:		
Address:			
Street	City	State	Zip
Business phone:	Representing:	7 (am max)	
	RE A PAID SPEAKER AND PROVIDE CLIEN		v:
Client Address:			1-1-1-1
Street	City	State	Zip

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