	CITY OF LOS AN	GELES SPEAKE	ER CARD	
YOU ARE NO	IS A PUBLIC DOCUMENT S T REQUIRED TO PROVIDE IE EXTENT NECESSARY F	PERSONAL INFORMA	TION IN ORDER TO S	SPEAK ////
Date 8-15-14				., Agenda Item, or Case No. = 14-0588
I wish to speak before the <u>City Council</u> Name of City Agency, Department, Committee or Council for appeal				
Do you wish to provide general p Name: <u>Marian P</u>	dge			
Business or Organization Affiliation			Park	
Address: P.O. Box -	27573	LA City	CA	90027 Zip
usiness phone: Representing:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND I	PROVIDE CLIENT IN	FORMATION BELC	ow:
Client Name:			P	Phone #:
Client Address:Street		City	State	Zip
Please see reverse of card for	r important information ar	nd submit this entire ca	ard to the presiding of	officer or chairperson.