CITY OF LOS ANGELES SPEAKER ARD

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 10/8/14	THE CITY COUNCIL'S RULES O DECORUM WILL BE ENFORCED	
I wish to speak before the	Name of City Agency, Department, Com	nmittee or Council
Do you wish to provide general p	public comment, or to speak for or against	a proposal on the agenda? () For proposal
Name: Autumn Ell	liott	() Against proposal () General comments
Business or Organization Affiliation: Disability Rights California Address: 3505. B: yel St., Ste 290, Los Angelos A Street City State Zip		
Address: 350 S. B	: yel St., Ste 290,	Los Angeles CA
Business phone: 213-213	- 9/35 Representing: CALIF,	12C/SC, FHC/SFV
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:		
Client Name:		Phone #:
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.