CITY OF LOS ANGELES SPEAKER CARD 14-0600-5223

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Date	THE CITY COUNCIL'S RULES OF	Council File No	, Agenda Item, or Case No.
2-10-16	DECORUM WILL BE ENFORCED.	5	
I wish to speak before the	Name of City Agency, Department, Committee or	r Council	
	public comment, or to speak for or against a propos	sal on the agenda	? () For proposal
Name: Armor	D Streets		() Against proposal () General comments
Business or Organization Affiliati	on:		
Address:	P-Poederi City		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zin

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Date 2 . 0 .	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the			
Nai	me of City Agency, Department, Committee or	Council	
Do you wish to provide general คินblic	comment, or to speak for or against a propos	al on the agenda?	? () For proposal
	egue from the	100	() Against proposal () General comments
Business or Organization Affiliation:	()		
Address:Street	City	State	Zip
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Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:			
Client Name:		P	hone #:
Client Address:	City	State	7in

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	public comment, or to speak for or against a proposa		
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Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	ow:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip

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	public comment, or to speak for or against a	() Against proposal	
Name:	N WALSH	() Against proposal () General commen	its
Business or Organization Affiliat	tion:		
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:	City	State 7in	

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Business or Organization Affiliation			
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A I	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Pr	none #:
Client Address:	City	State	Zip