CITY OF LOS ANGELES SPEAKER CARD (F/4-0925

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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

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Date 12-2-2015	THE CITY COUNCIL' DECORUM WILL BE	S RULES OF ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Depai	tment, Committee or Co	Conte	
Do you wish to provide general pu	blic comment, or to speak fo	r or against a proposal c	on the agenda?	(X) For proposal
	E O'GARA			General comments
	Sun Valley	AREA NEW	hor hord	Council
Address:Street	MYWOR INE	JUN VAILEY	State	71)52 Zip
Business phone:				
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PRO	VIDE CLIENT INFORM	MATION BELO	w:
Client Name:			Pr	none #:
Client Address:				
Street	Cit	у	State	Zip

Please see reverse of card for important information and submit this entire card to the preciding efficer or chairners and

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Date Continue	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee of	#2 DUNCIL	No., Agenda Item, or Case No.
Do you wish to provide general pu	ublic comment, or to speak for or against a propo		la? () For proposal (V) Against proposal () General comments
	n:		
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Client Address:	City	State	Zip

Please see reverse of eard for important information and authorit this entire send to the president efficiency

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Client Address:Street	City	State	Zip

Please see reverse of card for important information and submit this entire card to the preciding officer or chairmans

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#2

Date / /	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
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	and dr only rigority, Department, Committee or C	o di lon
Do you wish to provide general publi	c comment, or to speak for or against a proposal	on the agenda? () For proposal
B.11 E.	0	() Against proposal
Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>K</u>	() General comments
	2500 (1100 A	A
Business or Organization Affiliation:	8. Sheden All Prop Oc	where I Troc
Address: 9647 5th	m=6 +A. 5 V.00	61, 91357
Address: Street	City	/ State / Zip
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CHECK HERE IF YOU ARE A PA	AID SPEAKER AND PROVIDE CLIENT INFOR	MATION BELOW:
CHECK HERE IF 100 ARE A PA	IN SPEAKER AND PROVIDE CLIENT INFOR	WATION BELOW.
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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