## CITY OF LOS ANGELES SPEAKER CARD

4-0999

EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.

| THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.   | Council File No., Agenda Item, or Case No.            |
|---|---|
| I wish to speak before the PUMIC Safeh  |   |
| Name of City Agency, Department, Committee or Council   | ouncil  |
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( | on the agenda? ( ') For proposal ( ) Against proposal |
| Name: SVIII OW CO PCC   |   |
| Business or Organization Affiliation: Lentral Com 74830C.   |   |
| Address: 626 W.18hire # 256 CF  | 7 90012   |
| Street  | State Zip   |
| Business phone: Representing:   | A PARTY.  |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELO                              | MATION BELOW:   |
| Client Name:  | Phone #:  |
| Client Address:   |   |

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

City

State

Zip

Street

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| Date THE CITY COUNCIL'S RULES OF Council File No., Agenda Item, or Case No.  PECORUM WILL BE ENFORCED. |
|--|
| wish to speak before the Name of City Agency, Department, Committee or Council                         |
| comment, or to speak f   |
| Name: Trank Lima (ut-care fresident) (Wigeneral comments   |
| Business or Organization Affiliation: UTLAC  |
| Address: 1571 Beverly alvd. LA CA 90026  |
| Business phone: 485-209/ Representing: Fire Fighters Paramedics Inspectors                             |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:                             |
| Client Name: Phone #:  |
| Client Address:  |

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City

State

Zip

Street

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| MOTE: 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  | CITY'S WEBSITE.<br>RDER TO SPEAK<br>O CALL UPON YO | Ξ* ΄                          |
| Date Of 1 HE CITY COUNCIL'S RULES OF COUNCIL RULES OF COU | Council File No., Agenda Item, or Case No.         | da Item, or Case No.          |
| I wish to speak before the Name of City Agency, Department, Committee of Council   | <u>S.</u>  |                               |
| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda?  |  | For proposal Against proposal |
| Name:  Business or Organization Affiliation:   |  | General comments              |
| Address:   | (  |                               |
| Street   | State  | Zip                           |
| Business phone: Representing:  |  |                               |
| CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION  | ION BELOW:   |                               |
| Client Name: IIATO 023   | Phone #:   | #:                            |
| Client Address: STYSOI 700   |  |                               |
| Street   | State  | Zip                           |
| Please see reverse of card for important information and submit this entire card to the presiding  | presiding officer                                  | officer or chairperson.       |

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| Date 8/ 28/14                                      | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  | Council File No., Agenda Item, or Case No.                 |
|--|--|--|
| wish to speak before the                           | Doslar Salet   |  |
|  | Name of City Agency, Department, Committee or Council  | Council  |
| Do you wish to provide general                     | Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (()) For proposal () Against proposal () | ll on the agenda? (X) For proposal<br>(X) Against proposal |
| Name: NOEL WESS                                    |  | ( ) General comments                                       |
| Address: (37/10) MW                                | Address: 13710 Mariout Points In the MANING all a  | 750% 750%  |
| Street Scripess phone: (30) 822-1235 Representing: | 22-1235 Representing:  | State  |
| CHECK HERE IF YOU ARE                              | CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELO   | RMATION 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.