CITY OF LOS ANGELES SPEAKER CARD

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 Meeting

Date /	THE CITY COUNCIL'S RULES OF	Council File N	lo., Agenda Item, or Case No.	
17/3	DECORUM WILL BE ENFORCED.	4. 73.	5	
		H O		_
I wish to speak before the	CT7 (0)	ONCI (
	ne of City Agency, Department, Committee or	Council		
Do you wish to provide general public	comment, or to speak for or against a proposa	ıl on the agenda	a? (2) For proposal () Against proposal () General comments	i
Business or Organization Affiliation:				
Address:Street	4			
	City	State	Zip	
Business phone:	Representing:			_
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT INFOR	RMATION BEL	.ow:	
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.

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Date 12-3-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Comn	nittee or Council	
Do you wish to provide gener	ral public comment, or to speak for or against a	a proposal on the agenda	() Against proposal
Name: Herbou) Aerls		() General comments
Business or Organization Affil	iation:		
Address:	R-Besch City		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIEN	IT INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:Street	City	State	Zip

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UP ON YOU

Date 2/13/14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council Fire No., A	genda Item, or Case No.
I wish to speak before the Name	e of City Agency, Department, Committe	ee or Council	1
Do you wish to provide general public c	opiment, or to speak for or against a pr	oposal on the agenda?) For proposal Against proposal Seneral comments
Name:Business or Organization Affiliation:			, agricial commonic
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	/:
Client Name:		Pho	one #:
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.