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

Date 5, 17, 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File	No., Agenda Nem, or Case No.	
I wish to speak before the				
	Name of City Agency, Department, Committee or	Council		
	public comment, or to speak for or against a proposa		da? () For proposal () Against proposal	
Name:	Waye from ENERRY		General comments	
	11			
Business or Organization Affiliation	on:			
Address:Street				
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:				
Street	City	State	Zip	

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

CITY OF LOS ANGELES SPEAKER CARD BITCH BITCH				
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Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.				
I wish to speak before the				
Name of City Agency, Department, Committee or Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? For proposal Against proposal Name: Against proposal General comments				
Business or Organization Affiliation:				
Address:Street City State Zip				
Business phone: Representing: H. AOV				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: Phone #:				
Client Address: Street City Zip 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	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.
5-17-17	DECORUM WILL BE ENFORCED.	#9
I wish to speak before the	Name of City Agency, Department, Committee or	
Do you wish to provide general p	public comment, or to speak for or against a propos	1
Name:	n/ -	() General comments
Business or Organization Afilian	Stona L	2M1re2
Address:Street	City	State Zip
Business phone:	Representing:	·
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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