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

14-1152

Date 2-17-2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the	CITY COUNCY Name of City Agency, Department, Committee of	r Council	
Do you wish to provide general pub Name:K	plic comment, or to speak for or against a propos		() For proposal () Against proposal () General comments
Business or Organization Affiliation			
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO		
Client Name:		Pr	none #:
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

PNS

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Date 2-17-2016	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 of	or Council	
Do you wish to provide general p Name: DONNA Pca	oublic comment, or to speak for or against a propo		? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
Client Name:		Р	hone #:
Client Address:Street	City	State	Zip

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CITY OF LOS ANGELES SPEAKER CARD

DNS

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Date 2-17-16	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 gener	ral public comment, or to speak for or against a propo	osal on the agenda? () For proposal Against proposal () General comments
Business or Organization Affil	liation:	
Address:Street		
	City Representing:	State Zip
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	

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