CITY CT LOS ANGELES SPEAKER CARD

14-1165

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 /D//5// I wish to speak before the | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Ouncil Name of City Agency, Department, Commit | |
|--|--|----------------------|
| The state of the s | public comment, or to speak for or against a p | (V Against proposal |
| Name: | ohn WALSTI | () General comments |
| Business or Organization Affilia | tion: | |
| Address:Street | L " M | 01-1-1 |
| | Representing: | State Zip |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT | INFORMATION BELOW: |
| Client Name: | | Phone #: |
| Client Address: | City | State Zin |

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

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| Date 10-15-14 | 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 | |
| Name: | al public comment, or to speak for or against a property of the speak for or against a property | | For proposal Against proposal General comments |
| Address:Street | City | State | Zip |
| | Representing: | State | Ζιμ |
| CHECK HERE IF YOU ARE | A PAID SPEAKER AND PROVIDE CLIENT INF | FORMATION BELOV | V: |
| Client Name: | | Pho | one #: |
| Client Address: | | | |
| Street | City | State | Zip |

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL JPON YOU

| Do you wish to provide general public Name: | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. The of City Agency, Department, Committee of comment, or to speak for or against a proposition of the comment of the | orcouncil | Against proposal () General comments |
|---|--|-----------|---------------------------------------|
| Business or Organization Affiliation:Address: | | | |
| Street | City | State | Zip |
| Business phone: | Representing: | | |
| | SPEAKER AND PROVIDE CLIENT INF | | |
| Client Name: | | Р | hone #: |
| 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.