

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 2/3/2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		No., Agenda Item, or Case No.		
I wish to speak before the	Housing Committee	Cil			
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? (					
Business or Organization Affiliation: Healthy Homes Collaborative					
	tura Walk L.A.				
Business phone: 323 221-8320 Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:			Phone #:		
Client Address:Street	City	State	Zip		

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Date 7/1/7016	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE	1//	No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Co			
Do you wish to provide general p	ublic comment, or to speak for or again	st a proposal on the agend	a? '(X) For proposal ( ) Against proposal ( ) General comments	
Business or Organization Affiliation	S. Alew Humpshir	ventown /mmig	runt Workers 4006 Gilliana	
Address: 70 5 7 Street  Business phone: 2-3-738	- 7056 Representing:	State	7 030 <u>6</u>	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:Street	City	State	Zip	

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Date 2/3/16	THE CITY COUNDECORUM WILI			Council File No	o., Agenda Item, or Case No.
I wish to speak before the		mi Hee	·		
	Name of City Agency, D	Department, Com	imittee or C	Council	
Do you wish to provide g	eneral public comment, or to spea	ak for or against	a proposal	on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments
Name: $ESA$ Chago $IG$ () Against proposal () General comments  Business or Organization Affiliation: $InguI/InoS$ $VnIdoS$					
Address:	/				
Stree	t	City		State	Zip
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:				F	Phone #:
Client Address:					
Stree	Į.	City		State	Zip

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Date 2-3-6	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		lo., Agenda Item, or Case No.	
	Name of City Agency, Department, (	Committee or Council		
Do you wish to provide gener	ral public comment, or to speak for or aga	inst a proposal on the agend	a? ( ) For proposal ( ) Against proposal ( ) General comments	
Business or Organization Affi	liation:			
Address:Street	Cib	State	7:0	
	CityRepresenting:	State	Zip	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phone #:	
Client Address:				
Street	City	State	Zip	