	CITY O: LOS ANGELES SPE		1-1300		
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POS T REQUIRED TO PROVIDE PERSONAL INFO IE EXTENT NECESSARY FOR THE PRESIDI	DRMATION IN ORDER TO SP	EAK,		
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		Agenda Item, or Case No.		
I wish to speak before the					
Do you wish to provide general pro	ublic comment, or to speak for or against	proposal on the agenda?	 () For proposal () Against proposal () General comments 		
Business or Organization Affiliatio		m			
Address:Street Business phone:	City	State	Zip		
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.

C	TTY O LOS ANGELES SPEAKER	CRD			
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 8-22-14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	genda Item, or Case No.		
I wish to speak before the					
Name:	blic comment, or to speak for or against a propose S_{A}		 For proposal Against proposal General comments 		
Business or Organization Affiliation:					
Address:	R.Bereini City		Zip		
	City Representing:	State			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pho	one #:		
	City	State	Zip		

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

CIT	Y CILOS ANGELES SPEAKER	(RD Special		
Date 8 px [1]	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.		
I wish to speak before theNar	me of City Agency, Department, Committee or	Council		
	comment, or to speak for or against a propose $AVSH$	() Against proposal		
Business or Organization Affiliation:				
Address: Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:		
Client Name:		Phone #:		
Client Address:Street	City	State Zip		
Please see reverse of card for imp	portant information and submit this entire card	to the presiding officer or chairperson.		
NOTE: THIS IS A PUBLIC DOCUMENT.				