CITY OF LOS ANGELES SPEAKER CARD

14-1478

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 10 - 18 - 15	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 Hee
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? (For proposal () Against proposal () General comments
Business or Organization Affiliati	ion: Bldg, Owners & Man	ages Association
Address: Street Business phone: 913-699-3	10 Wer ST #590 WA 900 City Representing: BOWA/64	State Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	PRMATION BELOW:
Client Name: See ak	28VE	Phone #:
Client Address:Street	City	State Zip

Please see reverse of card for important information and submit this wife and ""

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EXCEPT TO THE	EXTENT NECESSARY FOR THE PRESIDING OF	FICER TO CALL U	JPON YOU
Date 11/18/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	E + E Name of City Agency, Department, Committee	or Council	
Do you wish to provide general put	blic comment, or to speak for or against a propo	osal on the agend	da? For proposal
Business or Organization Affiliation Address: 1314 2 1 Street Business phone: 310 4342	St. Sata Monica	State	9040) Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BE	
			Phone #:
Client Address:Street	City	State	Zip

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Date 18/15	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 Name:	public comment, or to speak for or against a prop	osal on the agenda?	() For proposal() Against proposal() General comments
Business or Organization Affiliat Address:	tion:		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INI	FORMATION BELO	w:
Client Name:		Ph	one #:
Client Address:	City	State	Zip