14-1499-SZ

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Date 9/15 I wish to speak before the	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFOR	Envino	il File No., Agend	da Item, or Case No.
	Name of City Agency, Department, C	ommittee or Council		
Do you wish to provide general Name:	public comment, or to speak for or again	nst a proposal on the a	()	For proposal Against proposal General comments
	ion: LA - CIM -St	tep/1	DUIVE	5- UMW / Yelle Zip 90039
Address: 2430 /2	City	Stat		7in 90039
Business phone: 323472 50	Representing:	Otal		- 1)
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CI	LIENT INFORMATION	BELOW:	
Client Name:			Phone	#:
Client Address:				
Street	City	Stat	e	Zip

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

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Date 9/2/1. I wish to speak before the	5 DECOR	TY COUNCIL'S RULES OF RUM WILL BE ENFORCED. Agency, Department, Commit	2+3	enda Item or Case No.
Name: Den	general public comment, n i 5 Slease n Affiliation:		proposal on the agenda? () For proposal) Against proposal) General comments
Address:Stre	eet	City	State	Zip
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CHECK HERE IF YOU	ARE A PAID SPEAK	ER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:			Phor	ne #:
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Date 9,2, 15	THE CITY COUNCIL'S RULES DECORUM WILL BE ENFORCE		, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Con	mmittee or Council	
Do you wish to provide general p	oublic comment, or to speak for or against	La proposal on the agenda	? () For proposal
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NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CIT 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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. I wish to speak before the _____ 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? (__) For proposal herman Ensure our guestions! Against proposal General comments Address: Street State Business phone: ______ Representing: ____ CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Address:

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