

CITY OF LOS ANGELES SPEAKER CARD

14-1509

11/7

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 2014

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Council File No., Agenda Item, or Case No. 189

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 () Against proposal (X) General comments

Name: Ralph Brown (News)

Business or Organization Affiliation: _____

Address: _____ Street City State Zip

Business phone: _____ Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____

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.

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Date 11/7/14

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

Council File No., Agenda Item, or Case No. # 18

I wish to speak before the City Council
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
() Against proposal
Name: JOHN WALSH () General comments

Business or Organization Affiliation: _____

Address: LA
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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Date

11-8-14

**THE CITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.**

CC

Council File No., Agenda Item, or Case No.

18

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

() Against proposal

() General comments

Name: Juan Alcala

Business or Organization Affiliation: _____

Address: _____

Street

City

State

Zip

Business phone: _____ 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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