CITY OF LOS ANGELES SPEAKER CARD

15-0002-521

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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

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Date 4/17/18	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.		
I wish to speak before the Rules of Atoling Com					
U	Name of City Agency, Department, Committee or	Council			
Do you wish to provide general post Name: Business or Organization Affiliation	oublic comment, or to speak for or against a proposa	I on the agenda?	() For proposal () Against proposal () General comments		
Address: 626 W	elshire Ste 200	LA	90017		
Business phone	City Harange City	State	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pr	none #:		
Client Address:	City	State	Zip		
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Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

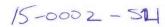
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Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.
I wish to speak before the Contemptuous who? deny Access Name of City Agency, Department, Committee or Council
Do you wish to provide general public comment, of to speak for against a proposal on the agenda? () For proposal () Against proposal () General comments
Business or Organization Affiliation:
Address:Street City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Business phone: Representing: HDH &, TITLE 2
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: 500 504
Client Name: BARDEN V. SACRAMONTO Phone #:
Client Address: 200 - Spring Street City State Zip

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CITY OF LOS ANGELES SPEAKER CARD 15-000 2 - 514



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Date U	6/3	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before	ore the		
. ,	1	Name of City Agency, Department, Commit	tee or Council
Do you wish to pro-	vide general pub	olic comment, or to speak for or against a p) Against proposal
Name:			() General comments
Business or Organi	zation Affiliation:		
Address:			
Address:	Street	City	State Zip
Business phone:		Representing:	
		PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name:			Phone #:
Client Address:			
	Street	City	State Zip

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