CITY OF LOS ANGELES SPEAKER CARD 15-0002-S133

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 3	18/16
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THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

Special Connerl

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

1em#13 15-0002-5133

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 Name:	r or against a proposal on the agenda?	 (✓) For proposal () Against proposal () General comments 			
Business or Organization Affiliation: SURFRIDER FOUND	ation the West LA	Malibn Chapter			
Address: 2527 EUCLID Street S Street City	anta Monica CA	90405 Zip			
Business phone: <u>8479099169</u> Representing:	Surficial West LA/Mai	10 <i>N</i>			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	Pi	none #:			
Client Address:City	y State	Zip			

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NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK. 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 BULES OF DECORUM WILL BE ENFORCED. CO (IN G 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: Business or Organization Affiliation: Address: Citv Street State Zip Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone #: Client Address: ______ City State Zip

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Date 3/18/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Agenda Item, or Case No. 15 - 000) - 513 7		
I wish to speak before the L.A. 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 Name:					
Business or Organization Affiliation:	HEAL THE BAY				
Address: 1444 915 57	SANTA Monica City	CA	40401 Zip		
Business phone:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pł	none #:		
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.					

YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON TREQUIRED TO PROVIDE PERSONAL INFORMATION HE EXTENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO SPEAK,			
Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
3/18/16	3/18/16 DECORUM WILL BE ENFORCED.				
I wish to speak before the	Connail				
	Name of City Agency, Department, Committee or 0	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: PROFIZSSOR JON HULS () General comments					
Business or Organization Affiliation: <u>Santa Monica College</u> Address: <u>1900 Pico BIVE Santa Monda CA</u> Street Business phone: <u>213840 9279</u> Representing: <u>Calif Product Stewardship Coluncil</u>					
Address: 1900 P	CO BINR Santa Monica	CA			
Business phone: 213 840 (2279 Representing: Calif Product	Stewardship Council			
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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