15-0002-564

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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 8/28//5	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., 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 p	oublic comment, or to speak for or against a proposa	ત્રો on the agenda	a? For proposal () Against proposal () General comments
Business or Organization Affiliation	on: LA/OC BUILDING T	RAPES	_
Ollect	Bevery Blus	State	900 24 Zip
Business phone: 213483-	-4222 Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:			Phone #:
Client Address:	City	State	Zip

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6/28/2017		OUNCIL'S RULES OF VILL BE ENFORCED.	Council Fil	e No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agence	y, Department, Committe	ee or Council	
Do you wish to provide general Name:	raph	speak for or against a pr	oposal on the age	nda? (💢) For proposal () Against proposal () General comments
Business or Organization Affilia	tion: Move LA			
Address: 634 J. Syrwy		City	State	Zip
Business phone:	0		State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER A	ND PROVIDE CLIENT	NFORMATION B	ELOW:
Client Name:				_ Phone #:
Client Address:		City	State	Zip

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Date 8 20 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	6r Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	sal on the agenda?	() For proposal
Name:	Wayn from one	ino o	Against proposal () General comments
Business or Organization Affiliation	on:		
Address:Street			
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOV	v:
Client Name:		Ph	one #:
Client Address:	City	State	Zip
Olloot	Olty	Ciaio	P

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Date			Agenda Item	
08 28 15	140-1	1-11-51	8	
I wish to speak before the	BOARD OF PUBLI	DUNC(
Na	ime of City Agency, Depar	tment, Committee or	Council	
Do you wish to provide general public	comment, or to speak for) For proposal Against proposal
Name:	Dr Top	Willia	ems) General comments
Business or Organization Affiliation:	LA3	2-NC		
Address:		98	7032-1	7/2_
Street	City	0 10	State	Zip
Business phone:	Representing:	Board 1	lbr	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:			Phor	ne #:
Client Address:				
Street	City	1	State	Zip