## CITY OF LOS ANGELES SPEAKER CARD



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 2-17-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committ	ee or Council
Name: GRNO	ral public comment, or to speak for or against a process.	
Business or Organization Affil		
Address:Street	City City	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE	E 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 2 - 17 - 15  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or	[8]	o., Agenda Item, or Case No.		
Do you wish to provide general p	oublic comment, or to speak for or against a propos	al on the agenda	? ( ) For proposal		
Name:	In fraen		Against proposal     General comments		
Business or Organization Affiliation	on:				
Address:		0	~		
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	OW:		
Client Name:		F	Phone #:		
Client Address:	0.4	01-1-	7.		
Street	City	State	Zip		

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Date 2/17/19		COUNCIL'S RULES OF W WILL BE ENFORCED.	J. J.	Agenda Item, or Case No.
I wish to speak before the		ency, Department, Committee		
Do you wish to provide general Name:	al public comment, or	to speak for or against a propo	osal on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affilia	ation:	Maria de la companya		
Address:Street	4	City	State	Zip
Business phone:	Repres	senting:		
CHECK HERE IF YOU ARE	A PAID SPEAKER	AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:			F	Phone #:
Client Address:		City	State	Zip

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