

CITY OF LOS ANGELES SPEAKER CARD

15-0323

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 5-6-15

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

Council File No., Agenda Item, or Case No. 32

City Council

I wish to speak before the Name of City Agency, Department, Committee or Council

Eric Preven

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: She's Funny - Melissa McCarthy

Business or Organization Affiliation: But it is not funny that I cannot speak

Address: on item 13 Re: End of Life option [Mr. Kozel] item

Business phone: or my interest in item 15 which has to do with

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

Client Name: "Local land use control" and the "principle of home rule" Phone #:

Client Address: because CP Wesson is not permitting comment because he feels it has been satisfied. Ms. Kapur: Meet + Confer request x15

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Date
5 6 2015

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Council File No., Agenda Item, or Case No.
1 f p m 32

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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: S E Y N

Business or Organization Affiliation: _____

Address: S 747 L A V E L C A V E R 91607
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: N O R T H H I L L Y W O O D 91607
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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General comments

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Address: _____

Street

City

State

Zip

Business phone: _____ Representing: _____

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Client Name: AL-Khwarzini Phone #: _____

Client Address: _____

Street

City

State

Zip

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5/6

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