CITY OF LOS ANGELES SPEAKER CARD



NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. #15-0387
YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, #15-0387
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date	THE CITY CO	DUNCIL'S RUL	ES OF		lo., Agenda Item, o	or Case No.
6/8/16	DECORUM V	VILL BE ENFO	RCED.	15	-0387	29
I wish to speak before the	Los Ana				14	
	Name of City Agend	y, Department	Committee or C	Council		
Do you wish to provide general p		speak for or ag	ainst a proposal	on the agend	() Against	posal proposal I comments
	•				_ () 6.61.61.6	
Business or Organization Affiliati	on: tood &	WATE	2 WAT	CH		
Address: Street	ROBERTSON	BLUD City	LA	State	9003\ Zip	
Business phone: 323-843	- 8448 Represent	ting:				
CHECK HERE IF YOU ARE A	A PAID SPEAKER A	ND PROVIDE	CLIENT INFOR	MATION BEI	.ow:	
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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6/8/16	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	or Council	
Do you wish to provide general រុ	public comment, or to speak for or against a propo	sal on the agenda?	() For proposal
Name:	DAN		() Against proposal () General comments
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		Ph	none #:
Client Address:	City	State	Zip

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Date 6-8-20/6	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR	10 1	ile No., Agenda Item, or Case No.				
I wish to speak before the	City Council	ilem	24				
	Name of City Agency, Department,						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (X) For proposal							
Name: Marth	a Arayella		() Against proposal(×) General comments				
Name:	SC 111 - 10-010						
Business or Organization Affiliati	ion: Physicians 1	in Soval	Responsitely				
Address: 617	S. O MV	CA	90014				
Business phone: Street 213/6	89-917 Representing: City	R-LA State	Zip				
			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 chairnerson