CITY OF LOS ANGELES SPEAKER CARD

15-0734

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 I wish to speak pefore the	Name of City Agency, Department, Committee	#11	, Agenda Item, or Case No.
Do you wish to provide general Name:	public comment, or to speak for or against a propo	osal on the agenda?	() For proposal () Against proposal () General comments
Address:	tion:		
Street	City Representing:	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	w:
Client Name:		PI	hone #:
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 1 - 1 9 - 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	r Council
Do you wish to provide general p	oublic comment, or to speak for of against a propos	sal on the agenda? () For proposal () Against proposal
Name:	Eric freigh	() General comments
Business or Organization Affiliati	on: 1ASI - Home Seum	1
Street	Clty	State Zip
Business phone:	Representing:	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELOW:
Client Name:	4379,000 (severa)	Phone #:
Client Address:Street	City	State Zip

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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda I	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee			
Do you wish to provide general po Name:	ublic comment, or to speak for or against a pro	() Ag	r proposal gainst proposal eneral comments	
Business or Organization Affiliatio	n:			
Address:	R. Berey			
Street	City	State Zip		
Business phone:	Representing:			
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT II	NFORMATION BELOW:		
Client Name:		Phone #:		
Client Address:				
Street	City	State Zip		

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