## CITY OF LOS ANGELES SPEAKER CARD

15-0803

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

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8-18-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. 15-0803 #3						
wish to speak before the								
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (X) For proposal  ( ) Against proposal  ( ) General comments								
Business or Organization Affiliation:								
Address: 16009 ECCLES ST. WORTH HILLS CA 91343 City State Zip								
Business phone: 8/8-5/2.7272 Representing: 5 E L F								
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:								
Client Name:		Phone #:						
Client Address:	Cit.	75						
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 8   18   2015	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.				
I wish to speak before theName	e of City Agency, Department, Committee or	Council				
	omment, or to speak for or against a proposa					
Business or Organization Affiliation:						
Address: 16/13 MALDEN Street Business phone: 818-786-7846	ST. NO, HILLS, City  Representing: All	C4. 913 43 State Zip				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Phone #:				
Client Address:	City	State Zip				
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Date 8-18-15		ICIL'S RULES OF . 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 Rose	BENHEIM			? ( <b>(</b> ) For proposal ( ) Against proposal ( ) General comments					
Business or Organization Affiliation Address: 2/600 OCN ARC				91367 Zip					
Business phone: 818.716.3	Representing:	BORSTONN EN	TERPRISES						
CHECK HERE IF YOU ARE A		PROVIDE CLIENT IN	IFORMATION BEL	ow: 🔼					
Client Name: SORSTE IN	J ENTER PRIMES		F	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.