## CITY OF LOS ANGELES SPEAKER CARD

15-0832

YOU ARE NOT	S A PUBLIC DOCUMENT S REQUIRED TO PROVIDE E EXTENT NECESSARY F	PERSONAL INFORMA	TION IN ORDER TO SI	PEAK,		
Date 124	THE CITY COUN DECORUM WILL		Council File No.,	, Agenda Item, or Case No.		
I wish to speak before the		Citi	Council			
4	Name of City Agency, Do	epartment, Committee	or Council			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( For proposal ( ) Against proposal						
Name:	JOHN WP	1911		() General comments		
Business or Organization Affiliation:						
Address:Street	-LA	City	State	Zip		
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Pł	none #:		
Client Address:		City	State	Zip		
Please see reverse of card for						

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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	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	7	genda Item, or Case No.			
Name of City Agency, Department, Committee or Council    Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal    Name:						
Business or Organization Affiliation:	)					
Address:	City	State	Zip			
Business phone:	Representing:	······				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		Pho	one #:			
Client Address:	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 12/4/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.			
I wish to speak before the						
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal						
Name:	DAN.		<ul><li>Against proposal</li><li>General comments</li></ul>			
Business or Organization Affiliation:						
Address:Street	City	State	Zip			
	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		P	hone #:			
Client Address:	City	State	Zip			

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