## CITY OF LOS ANGELES SPEAKER CARD

MS

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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Date # 2 9	20	1-5	THE CITY					Council F	ile No., Ag	enda Ite	m, or Case	No.
I wish to speak be	efore the _		me of City Ag	jency, De	partmen	t, Committe	e or Cou	ncil	157	08	47	
Do you wish to pr	ovide gen	eral public	comment, or	to speak	c for or a	gainst a pro	posal on	the age	enda? ( ( (	) Aga	oroposal inst propo eral comm	
Business or Orga	nization A	ffiliation: _										
Address: 5	7 Street	4	7	<u>_</u>	Of C	190	11	C G	4	F Zip	91	60
Business phone:			Repre	senting: _								1
CHECK HERE I		RE A PAI				CLIENT II	NFORMA	TION E	BELOW:			
Client Name:									Phor	ne #: _		
Client Address:	Street	Or	7+r	7 1	City	LL)	IN	/ O State	Oct	Zip	[6	57

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.