CITY OF LOS ANGELES PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.

DATE	7-11-	COUN FILE N	ICIL 10		AGENDA ITEM NO	
POSITION: SPEAKER:	Support Project/P		Oppose Project/Pr	•	General or Public Comment	
Applicar	nt Property	Owner(s)	Association	Represen	tative e if you are a paid representativ	/e
Appellar	nt Surround Property		Organization	Other		
Name	er from	11 7 10 PA				
Representing	Charles	12/17 C				
Address	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-19			
City				Zip Code		

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

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES SPEAKER CARD

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 (1)29 19	THE CITY COUNCI		Council File No., Agenda Item, or Case No.			
I wish to speak before the						
	Name of City Agency, Dep	artment, Committee or (Council			
Do you wish to provide general	public comment, or to speak	for of against a proposa	For the agenda? () For proposal), Against proposal			
Name:	wusse	from EN	() General comments			
Business or Organization Affiliat	ion:					
Address:Street						
Street	•	City	State Zip			
Business phone:	Representing:		Knights-templan			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Phone #:			
Client Address:			***************************************			
Street	(City	State Zi p			

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Date W15	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 of	or Council	
Do you wish to provide general	public comment, or to speak for or against a propo		() For proposal () Against proposal
Name:	H/A		General comments
Business or Organization Affilia	ion:	1	
Address:Street	City	State	Zip
Business phone:	Representing:		ip
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

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