

CITY OF LOS ANGELES SPEAKER CARD

15-1218

**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 12.2.15

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

Council File No., Agenda Item, or Case No. 1

I wish to speak before the Energy
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: Wayne from Edmo (x) Against proposal
() General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____ Phone #: _____

Client Address: _____
Street City State Zip

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Date

12/2

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

Council File No., Agenda Item, or Case No.

#1

I wish to speak before the _____

City Council

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: _____ () Against proposal

JOHN WAUSTI

() General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

LA

Business phone: _____ Representing: _____

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Date

12/2/2015

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

Council File No., Agenda Item, or Case No.

1

I wish to speak before the

Energy + Environment Committee
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

() Against proposal

Name: Rita Kampalath General comments

Business or Organization Affiliation:

Heal the Bay

Address:

1444 9th St.
Street

Santa Monica
City

CA
State

90401
Zip

Business phone:

310-451-1500

Representing: _____

CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:

Client Name: _____

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