## 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

DNS 15-1342

Date 1 1 10 20 15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		enda Item, or Case No.
I wish to speak before theNam	e of City Agency, Department, Committee of	or Council	J
	comment, or to speak for or against a propo	1	) For proposal ) Against proposal ) General comments
Business or Organization Affiliation: Address:	7 Lautr	C-GrF State	91607
	Representing: SPEAKER AND PROVIDE CLIENT INF		
Client Name:  Client Address:	FM M City LCV	Phone State	e#:

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

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Date	THE CITY COUNCIL'S RULES OF	Council File No., Agenda Item, or Case No.			
11-18-15	DECORUM WILL BE ENFORCED.	3	1		
I wish to speak before the	LA-C.C.				
	Name of City Agency, Department, Committee or	Council			
Do you wish to provide general	I public comment, or to speak for or against a proposi		( ) For proposal ( ) Against proposal		
Name:	Antonia ans	1002	( ) General comments		
Business or Organization Affilia					
Address:Street					
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pr	none #:		
Client Address:	City	State	Zip		

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Date 11/18/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Agenda Item, or Case No.			
I wish to speak before the	Day Muphy 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:			( ) deficial comments			
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:		PI	none #:			
Client Address:Street	City	State	Zip			

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