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

Date 5/10/16 I wish to speak before		THE CITY COUNCIL'S DECORUM WILL BE E	ENFORCED. E FACILITY	7 Cov	Agenda Item, or Case No.
Do you wish to provi Name: A (a) Business or Organiza	de general public				? (For proposal () Against proposal () General comments
Address:	Street	City		State	Zip
Business phone:		Representing:			
CHECK HERE IF Y	OU ARE A PA	D SPEAKER AND PROV	IDE CLIENT INFO	RMATION BELO	ow:
Client Name:				F	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.

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Date 5/10/	1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
/ / (I wish to speak be	fore the E	nternament & Facility	Comete	
		Name of City Agency, Department, Committee of	or Council	
Name: EV	c Ar	public comment, or to speak for or against a propo estimates a proportion of the comment of the	sal on the agenda	? () For proposal () Against proposal () General comments
Address:				
Address.	Street	City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BEL	ow:
Client Name:			F	Phone #:
Client Address:	Street	City	State	Zip

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3-10-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.			
5-10-10		Dien				
wish to speak before the	Name of City Agency, Department, Committee or Council					
	public comment, or to speak for or against a p	roposal on the agenda?	() For proposal () Against proposal			
Name: Jackie	Rivera-Kuose		() General comments			
Business or Organization Affiliat	pivera-Kronse sion: SEE-LIA					
Address:						
Street	City	State	Zip			
Business phone:	Representing:					
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW	v:			
Client Name:		Pho	one #:			
Client Address:Street						
Street	City	State	Zip			

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