16-0037-53

## CITY OF LOS ANGELES SPEAKER CARD

4-6-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. $#39$
wish to speak before the	Name of City Agency, Department, Compite	tee or Council
Do you wish to provide general	ublic comment, or to speak for or against a p	
Name:	tona fami	() Against proposal () General comments
Business or Organization Affiliation	on:	
Address:	5 × 2 × 2 × 2	-
Street	City	State Zip
Jusiness phone:	Representing:	
	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
		21 //
		Phone #:

## CITY OF LOS ANGELES SPEAKER CARD

	YOU ARE NOT REQU	JBLIC DOCUMENT SUBJECT TO POSTING O JIRED TO PROVIDE PERSONAL INFORMATION ENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SP	PEAK,
Date 416.	16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak bef	ore the		$\bigtriangleup$	
	Name	e of City Agency, Department, Committee o	or Council	
Do you wish to pro Name:	( , )	omment, or to speak for or against a propo		<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organi	ization Affiliation	U		
		City	State	Zip
Business phone:		Representing:		
CHECK HERE IF	YOU ARE A PAID	SPEAKER AND PROVIDE CLIENT INF	ORMATION BELOW	N:
Client Name:			Ph	one #:
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.

## CITY OF LOS ANGELES SPEAKER CARD

YOU ARE	HIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING NOT REQUIRED TO PROVIDE PERSONAL INFORMAT THE EXTENT NECESSARY FOR THE PRESIDING OF	TION IN ORDER TO SI	PEAK,
Date 4/6/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	17 39	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee		
Name: D h / ( Business or Organization Affili	al public comment, or to speak for or against a prop WALSH		<ul><li>Against proposal</li><li>General comments</li></ul>
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
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Street	Спу	State	Zip
Please see reverse of care	d for important information and submit this entire ca	rd to the presiding o	fficer or chairperson.