Appellant S CITY OF LOS	ANGELES SPEAKER	CARD ope	i for
NOTE: THIS IS A PUBLIC DOCUME YOU ARE NOT REQUIRED TO PROV EXCEPT TO THE EXTENT NECESSAR	IDE PERSONAL INFORMATIO	N IN ORDER TO SPEA	K, / muse x
6/2 4/2-1//	OUNCIL'S RULES OF VILL BE ENFORCED.	Council File No., Age	enda Item, or Case No.
wish to speak before the Name of City Agence	y, Department, Committee or	16-610 Council	2400-6
Name: Joberto Srive	speak for or against a proposi	al on the agenda?) For proposal Against proposal) General comments
Business or Organization Affiliation:	F	- / .1	
Address: 215 N. Marens	City	State State	dena 9/10/
Business phone: 676-449-42 Representing: Doug Tornguist			
CHECK HERE IF YOU ARE A PAID SPEAKER AND Client Name: Doug Torng	ND PROVIDE CLIENT INFO	RMATION BELOW:	,
Client Address: Woverly Dr.	L.A.		
Street	City	State	Zip

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