

CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

DATE 6-14-16

COUNCIL
FILE NO. 16-0115

AGENDA
ITEM NO. 8

POSITION:

Support
Project/Proposal

Oppose
Project/Proposal

General or
Public Comment

Support Appeal

Oppose Appeal

SPEAKER:

Applicant Property Owner(s) Association

Representative
Check here if you are a paid representative

Appellant Surrounding
Property Owners Organization

Other _____

Name MARK KENYON

Representing MOUNT WASHINGTON HOMEOWNERS' ALLIANCE

Address 505 W. AVENUE 44

City LOS ANGELES

Zip Code 90065

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

NOTE: THIS IS A PUBLIC DOCUMENT.

CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

DATE 6/14/12

COUNCIL
FILE NO. 16-0115

AGENDA
ITEM NO. 8

POSITION:

Support
Project/Proposal

Oppose
Project/Proposal

General or
Public Comment

Support Appeal

Oppose Appeal

SPEAKER:

Applicant

Property Owner(s)

Association

Representative

Check here if you are a paid representative

Appellant

Surrounding
Property Owners

Organization

Other _____

Name DEAN LEMONT

Representing self

Address 616 W. WILSON AVE #M

City GLENDALE

Zip Code 91207

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**CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD**

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

DATE 6-14-2016

COUNCIL FILE NO. 16-0115

AGENDA ITEM NO. 8

POSITION:

Support Project/Proposal

Oppose Project/Proposal

General or Public Comment

Support Appeal

Oppose Appeal

SPEAKER:

Applicant

Property Owner(s)

Association

Representative

Check here if you are a paid representative

Appellant

Surrounding Property Owners

Organization

Other _____

Name LIA RENEE

Representing _____

Address _____

City _____

Zip Code _____

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CITY OF LOS ANGELES SPEAKER CARD

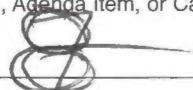
**NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.
YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK,
EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU**

Date

6, 14, 16

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

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



I wish to speak before the _____

PLUM
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

General comments

Name: _____

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

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

CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

06/14
2016

8

DATE _____ COUNCIL FILE NO. _____ AGENDA ITEM NO. _____

POSITION: Support Project/Proposal Oppose Project/Proposal General or Public Comment
 Support Appeal Oppose Appeal

SPEAKER: Applicant Property Owner(s) Association Representative
Check here if you are a paid representative
 Appellant Surrounding Property Owners Organization Other _____

Name _____
Representing _____ AKA 2020
Address _____
City _____ Brndenberg V. Ohio Zip Code _____

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CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

DATE 6/14/16 COUNCIL FILE NO. 16-115 AGENDA ITEM NO. 8

POSITION: Support Project/Proposal Oppose Project/Proposal *unless mitigated* General or Public Comment
 Support Appeal Oppose Appeal

SPEAKER: Applicant Property Owner(s) Association Representative
 Appellant Surrounding Property Owners Organization Other _____
Check here if you are a paid representative

Name Daniel Wright
Representing Mount Washington Homeowners Alliance
Address APPELLANT
City _____ Zip Code _____

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

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