## 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

| 3-1-16                     |                              | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council File No. | , Agenda Item, or Case No. |  |
|----------------------------|------------------------------|---|------------------|----------------------------|--|
| I wish to speak before the |                              |   |                  | 16-0134                    |  |
|                            | Nan                          | ne of City Agency, Department, Committee or           | Council          |                            |  |
| Do you wish to provide     | general public               | comment, or to speak for or against a propos          | on the agenda?   | Against proposal           |  |
| Name:                      |                              |   |                  | ( ) General comments       |  |
| Business or Organization   | n Affiliation:               |   |                  |                            |  |
| Address:Stre               |                              |   |                  |                            |  |
| Stre                       | et                           | City  | State            | Zip                        |  |
| Business phone:            | usiness phone: Representing: |   |                  |                            |  |
| CHECK HERE IF YOU          | ARE A PAID                   | SPEAKER AND PROVIDE CLIENT INFO                       | RMATION BELO     | w:                         |  |
| Client Name:               |                              |   | Phone #:         |                            |  |
| Client Address:            |                              |   |                  |                            |  |
| Stre                       | et                           | City  | State            | Zip                        |  |

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