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 20/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda-Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Committee of	16-016 7		
Do you wish to provide general posture: Name: Business or Organization Affiliation	public comment, or to speak for or against a propo			
Address:Street	City 42	C State Zip C		
Business phone:	Representing:	30 4 1980		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name: MM +	V. ACITY	Phone #:		
Client Address: Street	y. The fene	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 6.2. U	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No Agenda Item, or Case No.
I wish to speak before the		j
	Name of City Agency, Department, Committe	ee or Council
Do you wish to provide gener	ral public comment, or to speak for or against a pr	oposal on the agenda? () For proposal () Against proposal
Name:	Dummy	() General comments
Business or Organization Affi		
Address:		
Street	City	State Zip
Business phone:	Representing: Representing:	en, knobe, & Allen = Chowy
CHECK HERE IF YOU AR	Representing: England E A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW: USSIES
Client Name:		Phone #:
Client Address:		
Street	City	State Zip

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Date 8216	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	an Cannail		
Do you wish to provide generation Affi	ral public domment, or to speak for or against a pro			
Address:	/			
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU AR	E A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOV	w:	
Client Name:		Ph	none #:	
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.