16-0189

## 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

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I wish to speak before the Name	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	# 8	., Agenda Item, or Case No.		
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal					
Name:	V W76511		( ) General comments		
Business or Organization Affiliation:	8				
Address:Street	City	State	Zip		
Business phone:	= 3.5	State			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		P	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.

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	lame of City Agency, Department, Committee of	29 Council	, Agenda Item, or Case No.			
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal ( ) Against proposal						
Name:	IVIC PREV		( ) General comments			
Business or Organization Affiliation:						
Address:Street	City	State	Zip			
	Representing:		2.			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
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Client Address:						
Street	City	State	Zip			

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Date 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	COUNCLL		
	Name of City Agency, Department, Committee or 0	Council	
Do you wish to provide general p	public comment, or to speak for or against a proposa	on the agenda?	( ) For proposal ( ) Against proposal ( ) General comments
ivanie.			
Business or Organization Affiliation	on:		<u> </u>
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	w:
Client Name:		PI	none #:
Client Address:			
Street	City	State	Zip

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