	CITY OF LOS ANGELES SPEAKER	CARD	
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON DT REQUIRED TO PROVIDE PERSONAL INFORMATIO THE EXTENT NECESSARY FOR THE PRESIDING OFFIC	N IN ORDER TO S	SPEAK,
Date 5/17/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Council	16-0410
Name:	public comment, or to speak for or against a propos MANCA SMV3A		<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Address:Street	ion:		
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
Client Name:		F	Phone #:
Client Address:Street	City for important information and submit this entire card	State	Zip

C	CITY OF LOS ANGELES SPEAKER	CARD	
YOU ARE NOT	S A PUBLIC DOCUMENT SUBJECT TO POSTING OF REQUIRED TO PROVIDE PERSONAL INFORMATIC E EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO SI	PEAK,
Date_/1/10	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File Nor,	Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee of	r Council	
Do you wish to provide general pu		sal on the agenda?	<ul> <li>( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Business or Organization Affiliation		$\sim$	
		State	Zin
Address:Street		State	Zip
Address:Street Business phone:	City		
Address:Street Business phone: CHECK HERE IF YOU ARE A	City Representing:	DRMATION BELO	w:
CHECK HERE IF YOU ARE A	City PAID SPEAKER AND PROVIDE CLIENT INFO	DRMATION BELO	w:

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

	CITY OF LOS ANGELES SPEAKER	R CARD	
YOU ARE	IIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING O NOT REQUIRED TO PROVIDE PERSONAL INFORMATIO THE EXTENT NECESSARY FOR THE PRESIDING OFF	ON IN ORDER TO S	PEAK,
Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No. J. Fem 12	
I wish to speak before the	Name of City Agency, Department, Committee o	r Council	
Name: <u>EddiE</u> Hore	al public comment, or to speak for or against a propo		<ul> <li>? ( ) For proposal</li> <li>( ) Against proposal</li> <li>( ) General comments</li> </ul>
Address:Street	City	State	Zip
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELO	ow:
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Client Address:Street	City	State	Zip
Please see reverse of card	d for important information and submit this entire card	d to the presiding o	officer or chairperson.

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       THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.       Council File No., Agenda Item, or Case No.         I wish to speak before the       Item 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 Name:
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:

	CITY OF LOS ANGELES SPEAK	ER CARD	
YOU ARE NO	S IS A PUBLIC DOCUMENT SUBJECT TO POSTING OT REQUIRED TO PROVIDE PERSONAL INFORMA THE EXTENT NECESSARY FOR THE PRESIDING O	TION IN ORDER TO SE	PEAK,
Date 5-17-18 I wish to speak before the	THE CITY COUNCIL'S RULES OF         DECORUM WILL BE ENFORCED.         Mublic Safety Committee         Name of City Agency Department, Committee	12	Agenda Item, or Case No.
Do you wish to provide general point of the second	public comment, or to speak for or against a prop Ganan	posal on the agenda?	<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliati	ion:		
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELO	w:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip
Please see reverse of card f	for important information and submit this entire c	ard to the presiding of	ficer or chairperson.