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EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

Date 11/8/2017			THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.		Council File No., Agenda Item, or Case No.	
					16-0415	
I wish to speak before the		Publ	c safety committee			
		Nam	e of City Agency, Department, Committee or	Council		
	sh to provid			comment, or to speak for or against a proposa	I on the agenc	la? () For proposal () Against proposal (⁄) General comments
				Advancement project CA		
	1910 5			LA	CA	90026
/\dd/\ccc		Street		City	State	Zip
Business p	ohone:			Representing:		
			A PAID	SPEAKER AND PROVIDE CLIENT INFOR		
Client Nan	ne:		· · · · · · · · · · · · · · · · · · ·			Phone #:
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Date	THE CITY COUNCIL'S RULES OF	Council File	No., Agenda Item, or Case No.
11.8.11	DECORUM WILL BE ENFORCED.	# 2	16-2412
I wish to speak before the	Proli Saletan Com		
	Name of City Agency, Department, Committee or	Council	
Do you wish to provide general p	oublic comment, or to speak for or against a proposa	al on the agen	da? () For proposal () Against proposal
Name:	SOGART		() General comments
Business or Organization Affiliati	on: LACBC		
Address: Street	Spring #821 L.A	CA	MO0P
Business phone: 25 675	City City ACTC	State	Zíp
	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BE	LOW:
Client Name:			Phone #:
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Date 11817	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 or	Council	
Do you wish to provide general	public comment, or to speak for or against a proposa	ıl on the agenda	? () For proposal
Name:	tric Moven		() Against proposal () General comments
Business or Organization Affiliat	ion:		
Address:		and the second s	
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	ow:
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Client Address:			
Street	City	State	Zip

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

Council File No. - Case No.

I wish to speak before the			
	Name of City Agency, Departmen	nt, Committee or Council	
Do you wish to prove gene	l public communt, or b spock for a a	against a proposal on the agend	? () For proposal (Against proposal
Name:			General comments
Business or Organ ation Affi		HIV	
Address:		· (
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Business phone:	Representing:		
CHECK HERE IF YOU ARE	A DATE REAKER AND PROVID	CLIENT LIFO MATION BE	w
Client Name:			Phone #:
Client Address:	S V	4 1	
Street	City	ate	Zip