CITY OF LOS ANGELES SPEAKER CARD

16-0488

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                                      | Council File No., Agenda Item, or Case No.   |  |  |
|---------------------------------------|--|--|--|--|
| may 31, 2016                          | DECORUM WILL BE ENFORCED.  | # 11   |  |  |
| I wish to speak before the Sos        | Angeles City Councilled or City Agency, Department, Committee or | Council                                      |  |  |
| Do you wish to provide general public | comment, or to speak for or against a propos                     | al on the agenda? ( ) For proposal           |  |  |
| Name:                                 | toria Larive   | ( ) Against proposal<br>( ) General comments |  |  |
| Business or Organization Affiliation: |  |  |  |  |
| Address:                              |  |  |  |  |
| Street                                | City   | State Zip                                    |  |  |
| Business phone:                       | Representing:  |  |  |  |
| CHECK HERE IF YOU ARE A PAIL          | SPEAKER AND PROVIDE CLIENT INFO                                  | PRMATION BELOW:                              |  |  |
| Client Name:                          |  | 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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| Date 531                         | THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. | Council, File No., A | Council, File No., Agenda Item, or Case No. |  |
|----------------------------------|---|----------------------|---|--|
| I wish to speak before the       | No. of City Association                               | 0                    |   |  |
|                                  | Name of City Agency, Department, Committee            | or Council           |   |  |
| Do you wish to provide general   | public comment, or to speak for or against a prop     | oosal on the agenda? | ( ) For proposal                            |  |
| Name: 1he                        | KED Cheit th  | int                  | Against proposal General comments           |  |
| Business or Organization Affilia | ution:  |                      |   |  |
| Address:                         |   |                      |   |  |
| Street                           | City  | State                | Zip   |  |
| Business phone:                  | Representing:   |                      |   |  |
| CHECK HERE IF YOU ARE            | A PAID SPEAKER AND PROVIDE CLIENT IN                  | FORMATION BELOW      | /:  |  |
| Client Name:                     |   | Pho                  | one #:                                      |  |
| 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.

## CITY OF LOS ANGELES SPEAKER CARD

| 5-31-16                           |                       | OUNCIL'S RULES O<br>VILL BE ENFORCEI | - //                     | ., Agenda Item, or Case No.               |
|-----------------------------------|-----------------------|--------------------------------------|--------------------------|---|
| I wish to speak before the        |                       | COUNCTL<br>cy, Department, Com       |                          |   |
| Do you wish to provide general p  | oublic comment, or to | speak for or against                 | a proposal on the agenda |   |
| Name: PRENTES.                    | STENKZA               | J.S                                  |                          | ( ) Against proposal ( ) General comments |
| Business or Organization Affiliat | ion: CZTZ L           | YFE NEW                              | SLETTER                  |   |
| Address: 423 E. 77H               | ST. #425              | L.A.                                 | CA -<br>State            | 980/4/<br>Zip                             |
| Business phone: 2/3 949           | 8748 Represen         | ting:                                |                          |   |
| CHECK HERE IF YOU ARE A           | A PAID SPEAKER A      | ND PROVIDE CLIE                      | NT INFORMATION BELO      | ow:                                       |
| Client Name:                      |                       |                                      | F                        | Phone #:                                  |
| Client Address:Street             |                       | City                                 | State                    | Zip                                       |
|                                   |                       | •                                    |                          |   |

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