NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE.

OU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK, CEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU Date Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED LOS ANGELES POLICE DEPARTMENT I wish to speak before the ncil he agenda? () For proposal Do you wish to provide general public Against proposal General comments Business or Organization Affil. FLOOR Address: Street Business phone: CHECK HERE IF YOU ARE A PA . INFORMATION BELOW: Client Name: Client Address: Street City State

Please see reverse of card for important information and cubmit this entire card to the preciding officer or obsires case

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3/20/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
wish to speak before the	Name of City Agency, Department, Committee	or Council	
Do you wish to provide general p	ublic comment, or to speak for or against a prop	() Against proposal	
Business or Organization Affiliation	on: LOS ANCHES POLICE	PROTECTIVE LEGGINE	
Address: 1300 W 83	74 ST LA City	C4 70017 State Zip	
Business phone: 213 - 751 - 4	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone #:	
Client Address:	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 3/20/17	DECORU	Y COUNCIL'S RULES OF IM WILL BE ENFORCED.	ITEM	e No., Agenda Item, or Case No.
I wish to speak before the	Name of City Ag	gency, Department, Comm	nittee or Council	= 16-0600-S17
Do you wish to provide gener	al public comment, o	r to speak for or against a	proposal on the age	nda? () For proposal
Name: Rosers	HAROTAS			() Against proposal General comments
Business or Organization Affil	iation: LOS ANA	eles Police Pas	SECTIVE L	ESGUE
Address: 1368 U	874 ST	LA	OF	90017
Street Business phone: 73 751		Oity	State	Zip
CHECK HERE IF YOU ARE	A PAID SPEAKE	R AND PROVIDE CLIEN	T INFORMATION B	ELOW:
Client Name:				_ Phone #:
Client Address:		0.1	0	
Street		City	State	Zip

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Date 3/26/17 I wish to speak before the	Name of City Agency, Department, Committee or	2 CF	5., Agenda Item, or Case No.
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda	? () For proposal
Name:	Nupe		() Against proposal () General comments
Business or Organization Affilia	ition:		
Address:Street	V		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BEL	ow:
Client Name:		F	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