

**CITY OF LOS ANGELES  
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD**

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

DATE 14  
06/14/2016

COUNCIL  
FILE NO. 16-0602

AGENDA  
ITEM NO. 7

POSITION:  Support  
Project/Proposal  
 Support Appeal

Oppose  
Project/Proposal  
 Oppose Appeal

General or  
Public Comment

SPEAKER:

Applicant  Property Owner(s)  Association

Representative  
Check here if you are a paid representative

Appellant  Surrounding  
Property Owners  Organization

Other \_\_\_\_\_

Name Julia Duncan

Representing Council District 4

Address 200 N. Spring St.

City Los Angeles

Zip Code 90012

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

**NOTE: THIS IS A PUBLIC DOCUMENT.**

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PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

THE CITY COUNCIL'S RULES OF  
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Appellant  Surrounding  
Property Owners  Organization

Other \_\_\_\_\_

Name Luke Bailey-Wong

Representing Jade Bailey-Wong

Address 530 S Rossmore Ave

City Los Angeles

Zip Code 90020

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Organization

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Name Melissa Bailey-Wong

Representing Jade Bailey-Wong

Address 530 S Rossmore Ave

City Los Angeles

Zip Code 90020

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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

6.14.16

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Council File No., Agenda Item, or Case No.

7

I wish to speak before the \_\_\_\_\_

Name of City Agency, Department, Committee or Council

PLUM

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal

( ) Against proposal

General comments

Name: \_\_\_\_\_

Dr. Zo, Zo

Business or Organization Affiliation: \_\_\_\_\_

Hanna

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: \_\_\_\_\_

Street

City

State

Zip

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DR. ZO ZO

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Address: \_\_\_\_\_

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Representing: \_\_\_\_\_

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