

CITY OF LOS ANGELES SPEAKER CARD

CF-16-00055-389

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
10-18-16

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

Council File No., Agenda Item, or Case No.
13

I wish to speak before the Council
Name 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
() Against proposal
Name: Arenas Saez () General comments

Business or Organization Affiliation: _____

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

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

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Date 10/18

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Council File No., Agenda Item, or Case No.
13

I wish to speak before the City Council
Name 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: JOHN WALSH () Against proposal
() General comments

Business or Organization Affiliation: _____

Address: EA _____
Street City State Zip

Business phone: _____ Representing: _____

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10/18

CITY OF LOS ANGELES SPEAKER CARD

Date

2016

THE CITY OF LOS ANGELES COUNCIL'S RULES OF PROCEDURE WILL BE ENFORCED.

Council District

I wish to speak before the DR. B Name of City Los Angeles Agency, Department, Committee or Council

Do you wish to provide general public comment, no or to speak in opposition against a proposal on the agenda? no

Name: ACACIA VOCCATE (4) LIFE

And by talk, we mean you should read the back of this thing.

DO NOT HIDE... SHOW YOUR PRIDE!!!



Client Name: NANA
Client Address: NANA Street

City: _____ State: _____

Please see reverse. ITEM NO. (5) S Department of Transportation's Disabled I

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