CITY OF LOS ANGELES SPEAKER CARD

NOTE: THE YOU ARE NOTE: THE YO	IS IS A PUBLIC DOCUMENT NOT REQUIRED TO PROVID THE EXTENT NECESSARY	T SUBJECT TO DE PERSONAL I FOR THE PRES	POSTING ON T NFORMATION SIDING OFFICE	HE CITY'S WE IN ORDER TO R TO CALL UF	BSITE. 16 SPEAK, PON YOU	-6745
Date 250	THE CITY COU			Council File N	o., Agenda item/o	or Case No.
I wish to speak before the	Name of City Agency,	Department, C	ommittee or C	ouncil	//	
Do you wish to provide general Name:	I public comment or to sp	eak for or again	nst a proposal	on the agenda	() Against	oosal proposal I comments
Business or Organization Affilia	ation:					
Address:Street		City L	17	State	£ /	1984
Business phone: CHECK HERE IF YOU ARE	A PAID SPEAKER AND	0.1	LIENT INFORI	MATION BEL	ow:	
Client Name:	+ V.	95 /	nee	4	Phone #:	
Client Address: Street		City	1	State	Zip	

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