## CITY OF LOS ANGELES SPEAKER CARD

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 9 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
Nar	ne of City Agency, Department, Committee of	or Council
Name:	comment, or to speak for or against a propo	( ) Against proposal ( ) General comments
Address: 9222 +	tic CORYST LA	CA GOOOZ
	Representing:	
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INF	ORMATION 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  I wish to speak bef		THE CITY COUNCIL'S F DECORUM WILL BE EN	my (	10	No., Agenda Item, or Case No.
Do you wish to pro		blic comment, or to speak for o	against a proposal	on the agend	a? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organ	ization Affiliation	:	1	1 1	_
Address:	Street	City	1. (1)	M State	Zip
		Representing:	TR 5100		
CHECK HERE IF	YOU ARE A	PAID SPEAKER AND PROVID	DE CLIENT INFOR	MATION BEL	.ow:
Client Name:					Phone #:
Client Address:	Street	City		State	Zip

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Business or Organization Affiliation:  Address:  Street  City  State  Zip  Business phone:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:  Client Address:	Date 9/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	o., Agenda Item, or Case No.
Name:	I wish to speak before the	// 2	or Council	,
Name:			osal on the agenda	a? ( ) For proposal
Business phone: Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:	Name:	ohn WALSH		( ) General comments
Business phone: Representing:  CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name: Phone #:  Client Address:	/	iation:		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:  Client Name:  Phone #:	Street	City	State	Zip
Client Name:	Business phone:	Representing:		
Client Address:				
Street City State Zip	Client Address:	0.1	0.1	

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