	CITY OF LOS ANGELES SPEAKE		SP mesting
YOU ARE NO	IS A PUBLIC DOCUMENT SUBJECT TO POSTING (T REQUIRED TO PROVIDE PERSONAL INFORMAT IE EXTENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO S	PEAK,
Date 7/6	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	#19	, Agenda Item, or Case No.
I wish to speak before the	Cit/ COUNCI Name of City Agency, Department, Committee	CP-16-	-1030
Do you wish to provide general p	ublic comment, or to speak for or against a prop		 ? () For proposal () Against proposal () General comments
Business or Organization Affiliation	on:		
Address:	City City		
	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELC	w:
Client Name:		P	hone #:
Client Address:Street	City	State	Zip
Please see reverse of card fo	r important information and submit this entire car	rd to the presiding o	fficer or chairperson

CITY	OF LOS ANGELES SPEAKE	R CARD Space	ial
YOU ARE NOT REC	UBLIC DOCUMENT SUBJECT TO POSTING UIRED TO PROVIDE PERSONAL INFORMAT FENT NECESSARY FOR THE PRESIDING OF	ION IN ORDER TO SPEA	Κ,
Date 9-16-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Age	nda Item, or Case No. Spiced
I wish to speak before the Name	ne of City Agency, Department, Committee	or Council	
	comment, of to speak for or against a prop) For proposal) Against proposal) General comments
Address:Street	City	State	Zip
Business phone:	Representing:	<u></u>	
CHECK HERE IF YOU ARE A PAIL	SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:	
Client Name:		Phone	e #:
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.

CIT	Y OF LOS ANGELES SPEAKER	8 CARD	
YOU ARE NOT REC	PUBLIC DOCUMENT SUBJECT TO POSTING ON QUIRED TO PROVIDE PERSONAL INFORMATION TENT NECESSARY FOR THE PRESIDING OFFIC	IN ORDER TO SE	PEAK,
Date 9 16 6	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 or (Council	
Do you wish to provide general public	comment, or to speak for pr against a proposa		() Against proposal
Name:	Evic Preven		() General comments
Business or Organization Affiliation:	U O E O		
Address:	41AS		
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A PAIL	D SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	w:
Client Name:		Pr	none #:
Client Address:Street	City	State	Zip
Please see reverse of card for imp	ortant information and submit this entire card t	o the presiding of	fficer or chairperson.