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

THE CITY COUNCIL'S RULES OF



DECORUM WILL BE ENFORCED. COUNCIL **AGENDA** FILE NO. ITEM NO. POSITION: Support General or Project/Proposal Project/Proposal Public Comment Support Appeal Oppose Appeal SPEAKER: Property Owner(s) Association Applicant Representative Check here if you are a paid representative Appellant Surrounding Organization Property Owners Representing Address ______ Zip Code

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.

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

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

DATE 11/16	COUNCIL FILE NO	The Roe		AGENDA ITEM NO	4
POSITION: Suppor	t /Proposal	Oppose Project/Propos	al	General or Public Commen	t
SPEAKER:	rt Appeal	Oppose Appea	.!		
Applicant Proper	ty Owner(s) Assoc	iation	Representative	e ou are a paid repres	entative
Appellant Surrou Proper	nding Organ ty Owners AC	ization	Other		
				1. M.	

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

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

DATE	- 2016 F	COUNCIL 16 FILE NO. —	1058 17 5	AGENDA ITEM NO.	4)	
POSITION:	Support Project/Proposal		/Proposal	General or Public Comment		
SPEAKER:	Support Appeal	Oppose	e Appeal			
Applicant	Property Owner(s	S) Association	Represer Check her	ntative re if you are a paid representa	ative 🗌	
Appellant	Surrounding Property Owners	Organization	Other			
Name May K Escobor						
Representing Family Faith Russions & Building						
Address 8 14 C Hill St.						
City LH			Zip Code	90007		

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CITY OF LOS ANGELES SPEAKER CARD



NOTE: THIS IS A PUBLIC DOCUMENT. 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 //////		Agenda Item				
I wish to speak before the	BOARD OF PUBLIC WORKS					
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:						
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:	City	State Zip				

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