

CITY OF LOS ANGELES SPEAKER CARD

16-1091

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

2017

Date: 9/27

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

Council File No., Agenda Item, or Case No. 7

I wish to speak before the \_\_\_\_\_ Name of City Agency, Department, Committee or Council

Do you wish to provide general public comment, **the ADA/Section 504 Coordinator.** agenda? ( ) For proposal (X) Against proposal ( ) General comments

Name: Fuck HERman TWO

Business or Organization Affiliation: \_\_\_\_\_

HHH

ADA PUBLIC NOTICE

JANICE HAHN Supervisor, 4th District

Zip \_\_\_\_\_

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"),

CHECK HERE IF YOU ARE A Effective Communication PUBLIC INPUT AT BOARD OF SUPERVISORS MEETINGS

Client Name: HERman Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_ Street Programmatic City Access State CA Zip 90012

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

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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  
( ) General comments

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: \_\_\_\_\_

Street

City

State

Zip

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