## 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	THE CITY COUNCIL'S RULES OF	Council File No.,	Agenda Item, or Case No.
10.24.16	DECORUM WILL BE ENFORCED.	16-1	176
	Name of City Agency, Department, Committee o	r Council	
	olic comment, or to speak for or against a propos		
Name: Joanne	D'Antonio		( ) Against proposal ( ) General comments
Business or Organization Affiliation:			
Address: 13719 Be	essemer St. Valley	6/en,	CA 9/40/
Business phone: 323/459-4	F429 Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO	ORMATION BELOV	W:
Client Name:		Ph	one #:
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 10/24/16  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Name of City Agency, Department, Committee or	COM	Agenda Item, or Case No.
Do you wish to provide general Name:  Business or Organization Affiliat Address:  Street	public comment, or to speak for or against a proposation:  STUDIO CTTY NETCHADFORD AVE, STUDIO  City	ENBOLUE	( ) Against proposal ( ) General comments ( ) COUNT
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELO	W:
Client Name:		Ph	one #:
Client Address:Street	City	State	Zip

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Date 10/24/16	THE CITY COUNCIL'S RULE DECORUM WILL BE ENFOR		No., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, (		Committee
Do you wish to provide general p Name: Rachel M	oublic comment, or to speak for or aga	inst a proposal on the agend	da? ( ) For proposal ( ) Against proposal General comments
Business or Organization Affiliation Address: 12601 Mwl			
Business phone: Street	9-6600 Representing: Thee	People	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE C	LIENT INFORMATION BE	LOW:
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.