CITY OF LOS ANGELES SPEAKER CARD

16-1235

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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

7			TY		
Date 12 8 2016	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED		, Agenda Item, or Case No.		
I wish to speak before the	Name of City Agency, Department, Comm	nittee or Council			
Do you wish to provide general p	public comment, or to speak for or against a	proposal on the agenda?	() For proposal () Against proposal (X) General comments		
	on: LA GAY + LESBIAN	S CHAMBER OF	Commence		
Address: 911 N Am	repor Ans CA	CA	70046		
Business phone: (323)251-	MGN SW City 1268 Representing: LAGCCC	State	∠ip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		P	hone #:		
Client Address:	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 12/7/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	, Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee o		1/63
Do you wish to provide general post Name: FRANCE Business or Organization Affiliation	DIANG BON AS	sal on the agenda	? () For proposal (X) Against proposal () General comments
Address: Street Business phone: 3/06/5-8	City RA	State	Zip
		ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:	City	State	Zin

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Date	THE CITY COUNCIL'S RULES OF	Council File No	., Agenda Item, or Case No.			
7 Deceber 2016	DECORUM WILL BE ENFORCED.	1110	COL			
I wish to speak before the						
Do you wish to provide general	public comment, or to speak for or against a proposa	al on the agenda	? (For proposal			
Name: JAY WANT			() Against proposal () General comments			
Business or Organization Affiliation: WANE DISPOSE INC.						
Address: 2452 M	MANIMITAN AVENUE FULLERIA	s ca ar	2831			
	City Representing:	State	Zip			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:		F	Phone #:			
Client Address:		0: 1				
Street	City	State	Zip			

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