## 16-1320

## CITY OF LOS ANGELES SPEAKER CARD

17-0046

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 3-30-17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	I mmi grat Affairs Committee o	r Council	
Do you wish to provide general p	public comment, or to speak for or against a propos	sal on the agenda? ( ) For proposal	
Name: Maesa	a Ortiz	( ) Against proposal  General comments	
Business or Organization Affiliation	on: IDE7SC4		
Address: 1565	W. 14th Street, LA	CA 9001S State Zip	
Business phone: 213-25	Z- Z9 SZ Representing:		
	PAID SPEAKER AND PROVIDE CLIENT INFO		
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.

## CITY OF LOS ANGELES SPEAKER CARD 17-0046 16-1321

16-1320, 17-0073

NOTE: THIS IS A PUBLIC DOCUMENT SUBJECT TO POSTING ON THE CITY'S WEBSITE. 17-000 2-512 YOU ARE NOT REQUIRED TO PROVIDE PERSONAL INFORMATION IN ORDER TO SPEAK. 17-0002-515 EXCEPT TO THE EXTENT NECESSARY FOR THE PRESIDING OFFICER TO CALL UPON YOU

	DECORUM WILL BE ENFORCED	1-7	
wish to speak before the	Committee Name of City Agency, Department, Committee	mittee or Council	
	public comment, or to speak for or against a	a proposal on the agenda	? ( ) For proposal ( ) Against proposal
lame: 4mmi# 2	ivers tion: Uspevan Za Comp	/ )/ ,	(>) Conoral comments
usiness or Organization Affiliat	tion: Uspevan Za Comp	unity Housing	9
ddress:Street	City	State	Zip
	Representing:		
HECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIEN	NT INFORMATION BELO	ow:
lient Name:		F	Phone #:
lient Address:			Zip

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Date 3/30/17	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	Ad Hoc Committee  Name of City Agency, Department, Committee	or Council	
Do you wish to provide general portion of the Name:	ublic comment, or to speak for or against a propo	osal on the agenda	? ( ) For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliatio			
Address:Street	City	State	Zip
	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			

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