CITY OF LOS ANGELES SPEAKER CARD

Business or Organization Affiliation: Address: _____ Street City State Business Phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Client Name: Phone#:

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

Date: 01/25/2017

Council File No., Agenda Item, or Case

Item NO. (2) - 16-1459

I wish to speak before the Council

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment

Name: ARNOLD SACHS

Client Address:

Street

Citv

Zip

State

Zip

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Date: 01/25/2017): 01/25/2017			Council File No., Agenda Item, or Case Item NO. (2) - 16-1459	
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Do you wish to provide ge	neral public comment, or to speak for	or against a proposal on the agenda:	General Comment		
Name: Zumadogg					
Business or Organization	Affiliation:				
Address:		<u></u>			
	Street	City	State	Zip	
Business Phone:	Repre	esenting:			
CHECK HERE IF YOU AF	RE A PAID SPEAKER AND PROVIDE	CLIENT INFORMATION BELOW:			
Client Name:			Phone#:		
Client Address:					
	Street	City	State	Zip	

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Name: Juan De One			
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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