

# 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**

02/11/

Date 2017

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

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

cf-17-0090

I wish to speak before the \_\_\_\_\_  
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: NEWMAN

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

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: C, Brandenburg V OHIO

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: BATMAN V 4 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

2/1

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Date 2017

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Council File No., Agenda Item, or Case No. 4

I wish to speak before the \_\_\_\_\_  
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( ) Against proposal  
( ) General comments

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Date

2-1-17

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

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

# 4

*Housing Committee*

I wish to speak before the \_\_\_\_\_

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: *Antonia Ramirez*

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

Address: \_\_\_\_\_

Street

City

State

Zip

Business phone: \_\_\_\_\_ Representing: \_\_\_\_\_

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Client Address: \_\_\_\_\_

Street

City

State

Zip

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