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	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 21014 THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No.	Date THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Council File No., Agenda Item, or Case No. #2	
I wish to speak before the	I wish to speak before the	
Name: ()) General comments Business or Organization Affiliation:	Business or Organization/Alfiliation:	
Address: Street City State Zip	Address:Street City State Zip	
Business phone: Representing:	Business phone:	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:	
Client Name: Phone #:	Client Name: Phone #:	
Client Address:	Client Address:	
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.	Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.	

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Date MONT	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Kem, or Case No.	
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?				
Name:		An 1	Against proposal () General comments	
Business or Organization Affiliation:				
Address:Street		State	Zip	
	City		•	
Business phone:	Representing:			
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:				
Client Name:	¥	Pho	one #:	
Client Address:				
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.