

CITY OF LOS ANGELES SPEAKER CARD

17-0480

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 9-27-17

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

Council File No., Agenda Item, or Case No. 3

I wish to speak before the Housing Committee 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 (x) General comments Name: Jed Parriott

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

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

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I wish to speak before the ~~Agenda Item~~ Housing Committee  
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: Sybil Chan

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

Address: PO Box 995 LA CA 90078  
Street City State Zip

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

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09-27

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Council File No., Agenda Item, or Case No. ~~7~~ 3

I wish to speak before

Fuck You 2

Do you wish to provide

Name: HERMAN

Business or Organization

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

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

CHECK HERE IF YOU

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

N.W.A  
Client Address: \_\_\_\_\_

## YOUR CULTURE

# MORE!



1963 E 103Rd St  
Los Angeles, CA 90002

Street

HERMAN City Niggas

State

CA Zip 90012

Homeless Health Care

1-800-564-6600 (Adults - 9-5 Monday - Friday)

sal on the agenda? ( ) For

A  
 G



Title II of the Americans with Disabilities Act of 1990 ("ADA"),

FORMATION BELOW:



Phone #: \_\_\_\_\_

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