## **CITY OF LOS ANGELES SPEAKER CARD**

Date: 08/08/2017

Council File No., Agenda Item, or Case

Item NO. (13) - 17-0775

| 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: Puppet Aka Fuck U Hern  | nan           |      |         |     |  |  |  |  |
| 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:   |               |      |         |     |  |  |  |  |
| Stre  | et            | City | State   | Zip |  |  |  |  |

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

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| Date: 08/08/2017             |                                      |                                      | Council File No., Agenda Item, or Case |     |
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| 24(0) 00,00,2011             |                                      |                                      | Item NO. (13) - 17-0775                |     |
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| Do you wish to provide gene  | eral public comment, or to speak for | or against a proposal on the agenda? | General Comment                        |     |
| Name: Herman                 |                                      |                                      |  |     |
|                              |                                      |                                      |  |     |
| Address:                     |                                      |                                      |  |     |
|                              | Street                               | City                                 | State                                  | Zip |
| Business Phone:              | Repre                                | esenting:                            |  |     |
| 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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