CITY OF LOS ANGELES SPEAKER CARD Dr. B
Date 1 Council File No., Ageada Item, or Case No.
THE SITY COUNCIL'S RULES OF
DECORUM WILL BE ENFORCED.
I wish to speak before the $17-09005-97$
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
Name: FILL White N nerman
LHINA AUVICION
Business or Organization Affiliation:
Address:
Street City State (Dec Zip ) (L
Business phone: 916 498-50 Representing: City Vishts Specialist
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:
Client Name: Phone #:
Client Name:  Client Address: 650 CAPITOL MATTER SAC 95814  Street 4th Flory City WEELER SAC 25814  Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.
Client Address: Street City State Zip
414 F100V
Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.
WILLIAM K.W. YOO NOTE: THIS IS A PUBLIC DOCUMENT. VAN NUYS

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Date 10 6 7	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	Council File No., Agenda Item, or Case No.	
I wish to speak before the	Name of City Agency, Department, Committee	or Council		
Do you wish to provide generation	al public comment, or to speak for or against a prop	osal on the agenda?	( ) For proposal	
Name:	In Cheve	<b>\</b>	( ) Against proposal     ( ) General comments	
Business or Organization Affil	iation:			
Address:Street				
Street	City	State	Zip	
Business phone:	Representing:			
CHECK HERE IF YOU ARE	E A PAID SPEAKER AND PROVIDE CLIENT INF	FORMATION BELOV	w:	
Client Name:		Ph	one #:	
Client Address:Street	City	State	Zip	

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Date Oct 6, 6	NIT /	JNCIL'S RULES OF LL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.
I wish to speak before the		(BUNE)		
	Name of City Agency,	Department, Committee	or Council	
Do you wish to provide gener	al public comment, or to sp	eak for or against a prop	osal on the agenda?	For proposal ( ) Against proposal ( ) General comments
Business or Organization Affil	ation:			
Address:Street	<u> </u>	City	State	Zip
Business phone:	Representir	g:		
CHECK HERE IF YOU ARI	A PAID SPEAKER AN	PROVIDE CLIENT IN	FORMATION BELOV	w:
Client Name:			Ph	one #:
Client Address:				
Street		City	State	Zip

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