CITY OF LOS ANGELES SPEAKER CARD

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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

EXCEPT TO THE E	XTENT NECESSARY FOR THE PRESIDING OFF	CER TO CALL UPO	N YOU		
Date Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.,	Agenda Item, or Case No.		
I wish to speak before theNa	ame of City Agency, Department, Committee of	Council			
Name:Business or Organization Affiliation: _	c comment, or to speak for or against a propos		Against proposal General comments		
Address:Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		Pr	one #:		
Client Address:Street	City	State	Zip		
Please see reverse of card for in	nportant information and submit this entire card	to the presiding of	ficer or chairperson.		
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Date	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	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 general public comment, or to speak for of against a proposal on the agenda? () For proposal					
Name:	MMET		() Against proposal () General comments		
Business or Organization Affiliation:					
Address:Street	City	State	Zip		
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Business phone: Representing: CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW: Phone #:					
Cheffi Name.			OHE #		
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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Date 10 (1 17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File I	No., Agenda Item, or Case No.
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Do you wish to provide general	public comment, or to speak for or against a proposa	l on the agend	
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFOF	RMATION BE	LOW:
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Address: Street	Traction Ave 3A	LA State	100/3
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BE	LOW:
Client Name:			Phone #:
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