## CITY OF LOS ANGELES SPEAKER CARD

Date	1/	
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## 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 Dep	partment, Committee	or Council		_
Do you wish to provide general pu		1 1		( ) For proposal ( ) Against proposal	
Name:		1/1/		( Seneral comments	3
Business or Organization Affiliation	1				_
Address:Street		City	State	Zip	
Business phone:	Representing:	720	70 6	.101	_
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PR	OVIDE CLIENT INF	FORMATION BELOW	V:	
Client Name:			Ph	one #:	_
Client Address:					
Street		City	State	Zip	,

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

NOTE: THIS IS A PUBLIC DOCUMENT.

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Date	THE CITY COUNCIL'S RULES OF	Council File No.	, Agenda Item, or Case No.		
nov of will	DECORUM WILL BE ENFORCED.	17113			
This is opean boile in	s Argeles City Conne				
Name of City Agency, Department, Committee or Council					
Do you wish to provide general public Name:	comment, or to speak for or against a proposa	on the agenda?	? ( ) For proposal ( ) Against proposal ( ) General comments		
Business or Organization Affiliation: MATIMAL ANNOH GOLD					
Address:					
Street	City	State	Zip		
Business phone:	Representing:				
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:		PI	hone #:		
Client Address:	01.	01.1			
Street	City	State	Zip		

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Date 71/8/17	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., Agenda Item, or Case No.
I wish to speak before the _	Sow (onn) Hee Name of City Agency, Department, Committee	or Council
Do you wish to provide gene Name:	eral public comment, or to speak for or against a proponeth	osal on the agenda? (※) For proposal ( ) Against proposal ( ) General comments
Address:Street	City	State Zip
	Representing:	State Zip
CHECK HERE IF YOU AR	RE A PAID SPEAKER AND PROVIDE CLIENT IN	FORMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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