

# CITY OF LOS ANGELES SPEAKER CARD

**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

08/2/16

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

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

10  
13-1630

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 or against a proposal on the agenda?  For proposal

Against proposal

General comments

Name: ~~Herman~~ Herman = "Fuck you!"

HUGO. R.

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

my opinion

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

Street

City

State

Zip

Ada, Ga

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

Representing: \_\_\_\_\_

**CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:**

Client Name: Herman CA LA times v. H. Rositter

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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Date

06.12.14

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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 or against a proposal on the agenda? ( ) For proposal

( ) Against proposal

(x) General comments

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

Dummy

x

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

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Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? ( ) For proposal  
( ) Against proposal  
Name: Antonia Ramirez ( ) General comments

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

Address: \_\_\_\_\_  
Street City State Zip

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

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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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