

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

02 28 14

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

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

11
14-0047

I wish to speak before the

Council
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:

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

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

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Date

2.28.14

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DECORUM WILL BE ENFORCED.

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

1) ~~13~~

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
Name: Elisabet Garcia () General comments

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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02/28/14

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11

I wish to speak before the

Carroll
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:

Michael Waterman
Stubman

Against
() Against proposal
() General comments

Business or Organization Affiliation:

Address:

Street

City

State

Zip

Business phone:

Representing:

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Client Name:

Phone #:

Client Address:

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City

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11

I wish to speak before the

LA City Council

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:

Donna Ann Ward

Business or Organization Affiliation:

Collwatching Oil LA

Address:

2117 W. 31st Street

City

LA

CA

State

90018

Zip

Business phone:

323/394-7146

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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Date

2-28-14

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~~11~~ # 11

I wish to speak before the

City Council

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:

Darcie Odom

Business or Organization Affiliation:

Food & Water Watch & Green Peace

Address:

1655 1/2 Westmoreland Blvd Los Angeles CA 90006

Street

City

State

Zip

Business phone:

213-364-7580

Representing:

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☐

Client Name:

Phone #:

Client Address:

Street

City

State

Zip

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I wish to speak before the

CITY COUNCIL

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: MIKE RUIZ

Business or Organization Affiliation:

Address: 2203 W. 25TH ST.

Street

LOS ANGELES

City

CA

State

90018

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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Speaker

Date

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City Council

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:

John WALSH

Business or Organization Affiliation:

Address:

Street

City

State

Zip

Business phone:

Representing:

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Phone #:

Client Address:

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