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 \0/12/14		NCIL'S RULES O L BE ENFORCEI	00 0	Agenda Item, or Case No.
I wish to speak before th	Name of City Agency, I			
Do you wish to provide of Name:	general public comment, or to spe	eak for or against	a proposal on the agenda?	For proposal () Against proposal () General comments
Business or Organization	n Affiliation:	14		
Address:				
Stre	et	City	State	Zip
Business phone:	Representing):		
CHECK HERE IF YOU	ARE A PAID SPEAKER AND	PROVIDE CLIE	NT INFORMATION BELO	w:
Client Name:			P	hone #:
Client Address:		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 /0->>-	14	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	o., Agenda Item, or Case No.
I wish to speak before		e of City Agency, Department, Committee	or Council	
Do you wish to provid	e general public o	comment, or to speak for or against a property of the spe		(? () For proposal () Against proposal () General comments
Business or Organizat	ion Affiliation:			
Address:				
S	treet	City	State	Zip
Business phone:		Representing:	70.00	
		SPEAKER AND PROVIDE CLIENT INF		OW: Phone #:
Ollott Marile.				Hone #
Client Address:	treet			
3	reer	City	State	Zip

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Date 10 2 2 1 y I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. AND S PROFESSIONAL COMMITTEE OF CITY Agency, Department, Committee or	Council File No., Agenda Item, or Case No.
Name: Rophie	c comment, or to speak for or against a propose	() Against proposal
Business or Organization Affiliation: _		
Address: 2523 (Street Business phone: 12,0)621	Ocean Ale, Venlee Octy Representing:	CA 902-18, State Zip
(3.)		
CHECK HERE IF YOU ARE A PA	ID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELOW:
Client Name:		Phone #:
Client Address:	City	State Zip

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