## CITY OF LOS ANGELES SPEAKER CARD

14-0711

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 6.4.14	THE CITY COUNCIL'S F DECORUM WILL BE EN	.0	Council, File No., Agenda Item, or Case No.			
I wish to speak before the	Name of City Agency, Departme	ent, Committee or Cou	ıncil			
Name: John +	public comment, or to speak for or	A	(	For proposal ) Against proposal ) General comments		
Business or Organization Affiliati	on: lentral 47	M Assoc	16 770h			
Address: 626	Wil Shire # Zue	> <del>/</del>	State	9001F		
Business phone:	Representing:					
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:			Phor	ne #:		
Client Address:	City		State	Zip		
	or important information and subn			•		
NOTE: THIS YOU ARE NO	CITY OF LOS ANGELE IS A PUBLIC DOCUMENT SUBJECT REQUIRED TO PROVIDE PERSON HE EXTENT NECESSARY FOR THE THE CITY COUNCIL'S FOR THE DECORUM WILL BE EN	T TO POSTING ON THE DNAL INFORMATION IN PRESIDING OFFICER RULES OF IFORCED.	E CITY'S WEBSIT ORDER TO SPEA	ik,		
I wish to speak before the	Name of City Agency, Departme	ent, Committee or Cou	incil			
	oublic comment, or to speak for or	against a proposal on	the agenda? (	) For proposal ) Against proposal ) General comments		
Business or Organization Affiliation	on;		19.00 MATERIAL PROPERTY OF THE			
Address:	nt en		,			
Street Business phone:	Representing)	430-51	1963	Zip		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:						
Client Name:	1 A offer			e #:		
Client Name: Phone #:						
Street	City		State	Zip		

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Meeting

Date / /	THE CITY COUNCIL'S RULES OF	Council File No., Ag	enda Item, or Case No.
6/4/14	DECORUM WILL BE ENFORCED.	# 45	
I wish to speak before the	City Cov	vit	
	Name of City Agency, Department, Committe	ee or Council	,
Do you wish to provide general put	blic comment, or to speak for or against a pr	· (,	) For proposal /) Against proposal ) General comments
Business or Organization Affiliation	1:		
Address: Street			·
Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:	
Client Name:		Phor	ne #:
Client Address:			
Street	City	State	Zip
P)	*		

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