

CITY OF LOS ANGELES SPEAKER CARD

14-1680

**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
12/10/14

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

Council File No., Agenda Item, or Case No.
~~Special~~ #14

I wish to speak before the T-Com
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: Eric Bruins () Against proposal
(x) General comments

Business or Organization Affiliation: LACBC

Address: 634 S. Spring St, Ste 821 LA CA 90014
Street City State Zip

Business phone: 213 629 2142 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

DEC 10, 2012

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

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

MEM / 4 METRO PROJECTS

I wish to speak before the _____

TRANSPORTATION

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: TOTHAYES

Business or Organization Affiliation: _____

Address: 5961 WEST BLVD

Street

City

State

Zip

Business phone: _____ Representing: _____

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Street

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Date

12-10-2014

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

14

I wish to speak before the

TRANSPORTATION COMMITTEE

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:

SHALON LOWE

Business or Organization Affiliation:

CDI

Address:

200 N. SPRING Rm 420

Street

City

State

Zip

Business phone:

213-473-7001

Representing:

CDI

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

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Phone #:

Client Address:

Street

City

State

Zip

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Date
12-10-14

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

Council File No., Agenda Item, or Case No.
14

I wish to speak before the T Committee
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: Nate Hayward
Business or Organization Affiliation: UCD14

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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