CITY OF LOS ANGELES SPEAKER CARD

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Date 8 23 I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Common descriptions of the Council Strategy of the Council Str	1 Council	e No., Agenda Item, or Case No. 2 9 (f - 15-0002 S-20
Do you wish to provide general pu	ublic comment, or to speak for or against a	proposal on the age	nda? () For proposal
Name:	bhy WALGH		() Against proposal () General comments
Business or Organization Affiliatio	n:		
Address:Street	City	State	7:-
	Representing:	State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION B	ELOW:
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.

Donald Trump for president (1/1

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8-23-16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No.	., Agenda Item, or Case No.
I wish to speak before the	Some of City Agency, Department, Committee	or Council	
Do you wish to provide general p	public comment, or to speak for or against a prop	osal on the agenda	? () For proposal
Name:	ntonia)	AMIN Z	() Against proposal () General comments
Business or Organization Affiliation	on:		
Address:Street	City	State	7:0
Business phone:	City Representing:	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PROVIDE CLIENT INF	ORMATION BELO	ow:
Client Name:		P	hone #:
Client Address:			
Street	City	State	Zip

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Date 8/23/16	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File N	lo., Agenda Item, or Case No.			
I wish to speak before the	Vame of City Agency, Department, Committee o	r Council				
Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? (For proposal						
Name: DANIEC	KLEN		() Against proposal () General comments			
Business or Organization Affiliation:	BELL CAB CO.					
Address: 13030 C	ERISE AUE HANTHOIN City Representing: Bell CAB	of GA	90250			
Business phone: 924-363	Representing: Bell and	State	Σip			
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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