

CITY OF LOS ANGELES SPEAKER CARD

15-0160-569

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 6/23

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

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

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: JOHN WAZSA

Business or Organization Affiliation:

Address: CA 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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Avoid, annoy - do nothing, Say nothing  
be nothing

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Date  
06-23-15  
TO BE BATMAN

THE CITY COUNCIL'S RULES OF  
[REDACTED] WILL BE ENFORCED.

Council File No., Agenda Item, or Case No.  
1

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  
(X) Against proposal  
( ) General comments

Name: Herman AKA 06-23-15

Business or Organization Affiliation: 1st Amendment

Address: \_\_\_\_\_  
Street City State Zip

Business phone: \_\_\_\_\_ Representing: To BE BATMAN

BATMAN

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

Client Name: STOP The harassment of Sgt-AT-Arms Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_  
Street City State Zip

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Date

6-23-15

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

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

Name: Hunt Michael ( ) Against proposal  
(x) 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: Mike Feuer V. Los Angeles

Phone #: LAPD

Client Address: Ezell Ford

Street

City

State

Zip

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