## 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

15-1480

Date 12-15-15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No	., Agenda Item, or Case No.
I wish to speak before the	Name of City Agency, Department, Committee or	Lee & Jee Council Co	mille
Do you wish to provide general pull Name: Rull Sound Business or Organization Affiliation	VV		? ( ) For proposal ( ) Against proposal ( f General comments
Address:Street	City	State	Zip
	Representing:		210
CHECK HERE IF YOU ARE A	PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELO	ow:
Client Name:		P	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 12/15	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.	Council File No., A	Agenda Item, or Case No.
wish to speak before the	Name of City Agency, Department, Committee	e or Council	Committee
Do you wish to provide genera	al public comment, or to speak for or against a prop	posal on the agenda?	( ) For proposal
Name: Alam Lane			Against proposal     General comments
Business or Organization Affilia	ation: LA Busha Council		
Address:			
Address:Street	City	State	Zip
Business phone:	Representing:		
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT IN	IFORMATION BELOW	/:
Client Name:		Pho	one #:

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Date  19 15 30 15  I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED.  Technology  Name of City Agency, Department, Commi	Council File No., Agenda Item, or Case No.  Item # 5  Com Here  ttee or Council
Name: Tommy Far	ublic comment, or to speak for or against a power.  TORW LOCA 11	proposal on the agenda? (V) For proposal  ( ) Against proposal  ( ) General comments
	Maringo Ave. Pas	adona, Ca, 91101 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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