

# 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

Date

02/24/2016

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

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

Item # 7

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:

Omar Estrada

Business or Organization Affiliation:

Presidente

Address:

3139 West 59th Place Los Angeles, CA 90043

Street

City

State

Zip

Business phone:

(818) 447-4119

Representing:

SELF

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 staff.

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Date 2/24/16

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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: Enka Estrada

Business or Organization Affiliation: Resident

Address: 3139 W. 59th Place, Los Angeles, CA 90042  
Street City State Zip

Business phone: 818-462-7527 Representing: self

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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( ) Against proposal

( ) General comments

Name:

Rossana Estrada

Business or Organization Affiliation:

Resident

Address:

3139 W. 59<sup>th</sup> Pl. Los Angeles

CA

90043

Business phone:

(818) 497-7084

Representing:

Self

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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