## **CITY OF LOS ANGELES SPEAKER CARD**

Date: 06/13/2017

I wish to speak before the Council

Council File No., Agenda Item, or Case Item NO. (1) - 17-0276-S2

| Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? General Comment |                         |                    |         |     |  |  |
|---|-------------------------|--------------------|---------|-----|--|--|
| Name: HERMAN666   |                         |                    |         |     |  |  |
| Business or Organization Affiliation: 66  | 6                       |                    |         |     |  |  |
| Address:  |                         |                    |         |     |  |  |
| Street  |                         | City               | State   | Zip |  |  |
| Business Phone:   | Representing:_          | NWA                |         |     |  |  |
| CHECK HERE IF YOU ARE A PAID SPE  | AKER AND PROVIDE CLIENT | INFORMATION BELOW: |         |     |  |  |
| Client Name:  |                         |                    | Phone#: |     |  |  |
| Client Address:   |                         |                    |         |     |  |  |
| Str   | eet                     | City               | State   | Zip |  |  |

NOTE: INFORMATION PROVIDED WILL BE MADE PART OF THE PUBLIC RECORD

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| Name: Ju A N         | l                            |                                |         |       |
|----------------------|------------------------------|--------------------------------|---------|-------|
| Business or Organiza | ntion Affiliation: No        |                                |         |       |
| Address:             | Any                          | La                             | Ca      | 90000 |
|                      | Street                       | City                           | State   | Zip   |
| Business Phone: N    | <u> </u>                     | Representing: Homeless         |         |       |
| CHECK HERE IF YO     | U ARE A PAID SPEAKER AND PRC | VIDE CLIENT INFORMATION BELOW: |         |       |
| Client Name:         |                              |                                | Phone#: |       |
| Client Address:      |                              |                                |         |       |
|                      | Street                       | City                           | State   | Zip   |

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