CITY OF LOS ANGELES SPEAKEF ARD

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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

	EXCEPT TO THE	E EXTENT NECESSARY FO	OR THE PRESI	DING OFFICER	TO CALL	UPON YO	U
Date 6-19	13	THE CITY COUNC	_	1 f ex	Council File	No., Agend	da Item, or Case No.
I wish to speak be	efore the	Name of City Agency, De	COOO epartment, Cor	mmittee or Cou	/3-a uncil	593,	13-0593-5
Do you wish to pr	ovide general pu	blic comment, or to spea	k for or agains	t a proposal or	n the ager		For proposal Against proposal General comments
Business or Orga	nization Affiliation	COMMUNITIES (MITION	FOUR	SON	GB (C	DUCCOPMEN
Address:	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	DONNE	City	LA	State	900	265)
Business phone:	Transcription of the state of t	Representing:					
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 chairperson.