

CITY OF LOS ANGELES
PLANNING & LAND USE MANAGEMENT COMMITTEE SPEAKER CARD

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

DATE 2017

COUNCIL
FILE NO. _____

AGENDA
ITEM NO. 1

POSITION:

☐ Support
Project/Proposal

☐ Oppose
Project/Proposal

☐ General or
Public Comment

☐ Support Appeal

☐ Oppose Appeal

SPEAKER:

☐ Applicant

☐ Property Owner(s)

☐ Association

☐ Representative

Check here if you are a paid representative ☐

☐ Appellant

☐ Surrounding
Property Owners

☐ Organization

☐ Other _____

Name Fuck You herman

Representing _____

Address _____

City _____ Zip Code _____

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

NOTE: THIS IS A PUBLIC DOCUMENT.

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DATE _____ COUNCIL FILE NO. _____ AGENDA ITEM NO. 1

POSITION: ☐ Support Project/Proposal ☐ Oppose Project/Proposal ☒ General or Public Comment
☐ Support Appeal ☐ Oppose Appeal

SPEAKER:

☐ Applicant ☐ Property Owner(s) ☐ Association ☐ Representative
Check here if you are a paid representative ☐

☐ Appellant ☐ Surrounding Property Owners ☐ Organization ☐ Other _____

Name Wayne Brown Encino

Representing _____

Address _____

City _____ Zip Code _____

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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

3-7-17

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

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

1

I wish to speak before the

Planning & Land Use Management
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

Name: *Antonia Ramirez* () 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: _____ 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.