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Address: 50 F	forence	Los Angles	CA	90044
Business phone: (3(0)903	3830 Representin	g: LUIA MCCO	wan Owner	
CHECK HERE IF YOU ARE A	PAID SPEAKER AND	PROVIDE CLIENT INF	ORMATION BELOW	:
Client Name:			Pho	ne #:
Client Address:Street		City	State	Zip

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I wish to speak before the	THE CITY COUNCIL'S RULES OF DECORUM WILL BE ENFORCED. Name of City Agency, Department, Committee or	# 2	o., Agenda Item, or Case No.
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CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT INFO	RMATION BELC	
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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 Council File No., Agenda Item, or Case No. THE CITY COUNCIL'S BULES OF DECORUM WILL BE ENFORCED. I wish to speak before the 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: Business or Organization Affiliation: Address: _____Street City State 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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