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

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Date + 10		Heal H	UNCIL'S RULES OF ILL BE ENFORCED. MMAL/HU	201-03.	Agenda Item, or Case No.
			, Department, Committe		
11	stion Affiliation:	councilwo	MAN MARTIN		For proposal () Against proposal () General comments
Address.	Street	1	City	State	Zip
Business phone:		Representir	ng:		
CHECK HERE IF Y	OU ARE A P	AID SPEAKER AN	D PROVIDE CLIENT II	NFORMATION BELO	w:
Client Name:				PI	none #:
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.