

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

3-11-19

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

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

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

Name: Wayne Aka Nigera Encino () Against proposal
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.

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Date 3-11-19

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

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

I wish to speak before the _____
Name of City Agency, Department, Committee or Council Health

Do you wish to provide general public comment, or to speak for or against a proposal on the agenda? () For proposal
Name: _____ Wayne - Nigger 666 Ewing () Against proposal
General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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3-11-2019

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

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

Neigh Bor Hood

I wish to speak before the

Health Commission

Council - Studio

Name of City Agency, Department, Committee or Council

City N.C.

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:

Eric Preven

Business or Organization Affiliation:

Community Impact Statement
Submitted

Address:

Street

City

State

Zip

Business phone:

Representing:

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Phone #:

Client Address:

Street

City

State

Zip

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3/11/2019

**THE CITY COUNCIL'S RULES OF
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Council File No., Agenda Item, or Case No.

1

I wish to speak before the Health Commission
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: Adam Cohen (X) General comments

Business or Organization Affiliation: AHF

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
Street City State Zip

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1/11/19

Date 3-11-19

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

Council File No., Agenda Item, or Case No. 2

Health

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: Wage AKA Nigger Encino 666

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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**THE CITY COUNCIL'S RULES OF
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Council File No., Agenda Item, or Case No. 3

I wish to speak before the Health
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
Name: Wayne AKA Health Nigaye () Against proposal
(X) General comments

Business or Organization Affiliation: _____

Address: _____
Street City State Zip

Business phone: _____ Representing: _____

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Client Address: _____
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Council File No., Agenda Item, or Case No.

3

I wish to speak before the

Health Commission

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: Adam Cohen

(x) General comments

Business or Organization Affiliation:

AHF

Address:

Street

City

State

Zip

Business phone:

Representing:

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Phone #:

Client Address:

Street

City

State

Zip

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