

5/24
Date (Fecha)

1-20 + Flood district

Agenda Item #
(Numero de agenda)

Consent
Subject (Titulo de Agenda)

**REQUEST TO SPEAK
IN OPPOSITION**
of the **RECOMMENDATION(S)**
(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Audra
First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- ☒ I would like to speak as an individual. (Me gustaria comentar como individuo.)
- ☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)
- ☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

5/25/22

Date (Fecha)

Cons. Common

Agenda Item #

(Numero de agenda)

All non DISCUSSION TOPICS

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)
(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

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Shawn

First Name (Nombre)

Robo

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

☒ I would like to speak as an individual. (Me gustaria comentar como individuo.)

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spone

May 24, 2020

Date (Fecha)

Agenda Item #
(Numero de agenda)

Consent

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

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(La informacion proporcionada en este formulario es parte del registro publico.)

Mark

First Name (Nombre)

Dorian

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

92109

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

☒ I would like to speak as an individual. (Me gustaria comentar como individuo.)

☐ I do not need to speak if the item is approved on consent.

(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.

(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Same

Individuals Speaking by Phone
May 24, 2022

05	GOLDEN OPPPORTUNITY SERVICES FOR SENIORS			
		Chris	Olsen	S
		Eleanor		O

“S” indicated the speaker is in support
“O” indicated the speaker is in opposition