3

5/24
Date *(Fecha)*

I-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*

(Rev. 10/16)

Spoke

3

6/23/22
Date *(Fecha)*

Long Common
Agenda Item #
*(Numero de agenda)*

All Non Discussion Items
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.)*

[redacted]
**First Name** *(Nombre)*

[redacted]
**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*

(Rev 10/16)

Spine

3

May 24, 2022 C-1-20

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)*

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

Mark Dorian

First Name *(Nombre)*

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.)*

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

*PLEASE SEE REVERSE FOR SPEAKER'S GUIDE*

Speak

(Rev. 10/16)

MAY 24 2022

**Date** *(Fecha)*

3

**Agenda Item #** *(Numero de agenda)*

FIRE PREVENTION

**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.)*

ALAN

**First Name** *(Nombre)*

C

**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.)*

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*PLEASE SEE REVERSE FOR SPEAKER'S GUIDE*

(Rev. 10/16)

**Individuals Speaking by Phone**
**May 24, 2022**

| | | | | |
|---|---|---|---|---|
| 03 | SAN DIEGO COUNTY FIRE - CA DEPT OF FORESTRY | | | |
| | | Eleanor | | O |

**"S" indicated the speaker is in support**
**"O" indicated the speaker is in opposition**