5/23/23
Date *(Fecha)*

27
Agenda Item # *(Numero de agenda)*

Appr. of Repealing Child + Family Strengthening Board
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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

TONYA
First Name *(Nombre)*

TOROSIAN
Last Name *(Apellido)*

9400 Ruffin Ct
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92115
Zip *(Codigo Postal)*

619 708 7603
Phone Number *(Numero de Telefono)*

Promises 2 Kids
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)

spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Individuals Speaking by Phone May 23, 2023

27	AMENDING AND REPEALING PROVISIONS IN THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATED TO THE CHILD AND FAMILY STRENGTHENING			
		Truth		O
		Audra	M	O

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition