

MAY 23

26

Date (Fecha)

Agenda Item #

(Numero de agenda)

OUTLAW IN HOSPITAL

EGYPTANYC

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.)

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

5 police

5 28-23
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~~Walter Castro~~
First Name (Nombre)

Walter Castro
Last Name (Apellido)

4534 34th St
Address (Direccion)

San Diego, CA
City (Ciudad)

CA
State
(Estado)

92116
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

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

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spoke

**Individuals Speaking by
Phone May 23, 2023**

26	RECEIVE UPDATE ON OPIOID SETTLEMENT FRAMEWORK			
		Kathleen	Lippitt	S
		Ann	Riddle	S
		Truth		O
		Audra	M	O
		Kelly	McCormick	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition