

10-16-19

Date

Agenda Item #

SAN MARCOS HORTICULTURE

Subject

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

PLEASE PRINT LEGIBLY

Information provided on this form is part of the public record.

CARLIS

First Name

BROWN

Last Name

11216 Depue Cove

Address

S.D.

City

CA 92181

State

Zip

760-809-7455

Phone Number

SAN MARCOS HORTICULTURE

Organization or company, if any

Check one box below:

- ☐ I would like to speak as an individual.
- ☐ I do not need to speak if the item is approved on consent.
- ☐ I would like to register my position, but I do not wish to speak.

CARLIS BROWN

MATT SIMMONS

JIM SIMMONS

☒ I request to speak as part of an organized presentation.

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/15)

10-16-19

Date

Agenda Item #

SMH Annexation Agreement

Subject

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

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Information provided on this form is part of the public record.

Matt

First Name

SIMMONS

Last Name

160 Industrial St Suite 200

Address

San Marcos

City

CA

State

Zip

760 471 2365

Phone Number

Applicant

Organization or company, if any

Check one box below:

- ☐ I would like to speak as an individual.
- ☐ I do not need to speak if the item is approved on consent.
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(Rev. 10/15)

Date 10/16/19 Agenda Item # 1
Subject San Marcos Highlands

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

PLEASE PRINT LEGIBLY

Information provided on this form is part of the public record.

First Name Jennifer Last Name Chavez
Address 501 W Broadway City San Diego State CA Zip 92101

Phone Number 619 335 6537
Organization or company, if any Applicant

Check one box below:

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Date 10/16/19 Agenda Item # 1
Subject San Highlands Annexation Agreement

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

PLEASE PRINT LEGIBLY

Information provided on this form is part of the public record.

First Name Jim Last Name Simmons
Address 160 Industrial St. Suite 200 City San Marcos State CA Zip 92078

Phone Number 760-471-2365
Organization or company, if any Applicant

Check one box below:

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