

4/9/2024

Date (Fecha)

Consent Cal.

5, 6, 7, 9, 10, 12, 15,

Agenda Item #

(Numero de agenda)

FP01

Consent Calendar items 5, 7, 9, 10, 12, 6, 15, FP01V

Subject (Título 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 información proporcionada en este formulario es parte del registro público.)

PAUL

First Name (Nombre)

the BOLD

Last Name (Apellido)

Address (Dirección)

City (Ciudad)

State

(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organización 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 artículo 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

Individuals Speaking by Phone
April 9, 2024

FP01	REVENUE AGREEMENT FOR SERVICES WITHIN THE SAN DIEGO COUNTY FIRE PROTECTION DISTRICT			
		Kathleen	Lippitt	S
		Audra		O
		Truth		O

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition