29 Jan 25

Date *(Fecha)*

3

Agenda Item # *(Numero de agenda)*

accept grant

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.)

CESAR

First Name *(Nombre)*

JAIME R

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. 03/23)

Spore

Individuals Speaking by Phone
January 29, 2025

03	ADOPT RESOLUTION TO ACCEPT GRANT FUNDS FROM LOCAL ASSISTANCE GRANT PROGRAM			
		Kathleen	Lippitt	S
		Consuelo		O
		Audra		O
		Justin	Castro	O

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