

9-24-24
Date (Fecha)

1-10
Agenda Item #
(Numero de agenda)

Many
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.)

Mark
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

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BRYANT
First Name (Nombre)

Rumbaut
Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

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**Individuals Speaking by
Phone September 24, 2024**

01	ACCEPTANCE OF DONATIONS FROM KATHRYN ROBINSON			
		Paul	The bold	S
		Consuelo	C	O
		Justin	Castro	O
		Truth		S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition