

5/1/24
Date (Fecha)

1-4
Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

Guilherme Field
**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.)

Concepcion
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

Spone

4-1/24
Date (Fecha)

1-4
Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

**REQUEST TO SPEAK
IN OPPOSITION**
of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Last Name (Apellido)

Address (Direccion)

City (Ciudad)

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Spone

5-1-24
Date (Fecha)

1-4
Agenda Item #
(Numero de agenda)

VARIOUS
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spone

5/1
Date (Fecha)

1-4
Consent
Agenda Item #
(Numero de agenda)

Consent
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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Allegedly Andrea
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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spone

**Individuals Speaking by Phone
May 1, 2024**

01	SANTA YSABEL COUNTY PRESERVE			
		Paul	the Bold	O
		Truth		O

**“S” indicated the speaker is in support
“O” indicated the speaker is in opposition**