-	2	5.	25	
Date (Fecha	11			

Agenda Item # (Numero de agenda)

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.)

First Name (Nombre)	Last Name (Apelli	ido)
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 repres		
Check one box below (Marque una o		nentar como individuo.)
I do not need to speak if the it (No necesito comentar si el articulo es apr		consent.
I would like to register my pos (Me gustaria registrar mi puesto, pero no		ish to speak.

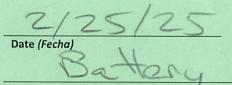
Date (Fecha) Agenda Item # (Numero de agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

	PLEASE PRIN		
Information pr (La informacion propo	rovided on this for	n is part of the pub	
JOE		MAPIE	En
First Name (Nombre)		Last Name (Apellid	0)
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Address (Direccion)			
City (Ciudad)		State	Zip (Codigo Postal)
		(G. Ledo)	
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heck one box below	(Marque una casille	<u>a):</u>	
would like to spe	eak as an individu	ual. (Me gustaria come	ntar como individuo.)
I do not need to s (No necesito comentar s			nsent.
I would like to reg (Me gustaria registrar m			h to speak.



Agenda Item # (Numero de agenda)

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.

Address (Direccion)		
City (Ciudad)	State (Estado)	Zip (Codigo Postal
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Organization or company, if any (Organizacion o empresa a la que repo		
would like to speak as an ir		entar como individuo.)
I do not need to speak if the (No necesito comentar si el articulo es		onsent.
I would like to register my p (Me gustaria registrar mi puesto, pero		sh to speak.
		sh to speak.

Spalce

(Rev. 03/23)

Agenda Item # (Numero de agenda)

Subject (Titulo de Agenda)

REQUEST TO SPEAK

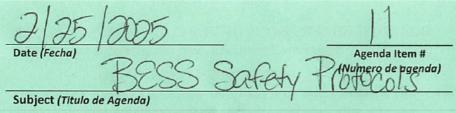
IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

(La) informacion proporcionada en		
First Name (Nombre)	Last Name (Apellia	10)
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 repre		
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would like to speak as an ir	ndividual. (Me gustaria con	nentar como individuo.)
I do not need to speak if the (No necesito comentar si el articulo es		consent.
I would like to register my p (Me gustaria registrar mi puesto, pero		ish to speak.



REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

(Sonchua p	ara comentar a javi	or de las recomena	uctones)
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() () () () () () () () () ()	porcionada en este for	mulario es parte del	registro publico.)
First Name (Nombre)		Last Name (Apellio	do)
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Phone Number (Num	ero de Telefono)		
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(Organizacion o empres	a a la que representa,	, si corresponde)	
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	oeak as an individu		entar como individuo.)
	speak if the item		onsent.
	egister my position mi puesto, pero no desed		sh to speak.

	2/25/25		11
-	Date (Fecha)	Age	enda Item #
	BATTERY	LEGIS LAS	ero de agenda)
-	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 p	rovided on this form is part of the	e public record.
(La informacion propo	orcionada en este formulario es part	e del registro publico.)
Jim	Wha	lan
First Name (Nombre)	Last Name (Ap	ellido)
Address (Direccion)		
V		
City (Ciudad)	State (Estado)	Zip (Codigo Postal)
Phone Number (Numero	o de Telefono)	
Organization or compa (Organizacion o empresa	ny, if any a la que representa, si corresponde)	
Check one box below	(Marque una casilla):	
I would like to spe	eak as an individual. (Me gustario	a comentar como individuo.)
☐ I do not need to s	peak if the item is approved	on consent.
	i el articulo es aprobado.)	
U Lwould like to rea	gister my position, but I do no	t wish to speak
	ni puesto, pero no deseo comentar.)	t wish to speak.

Spoke

Date (Fecha)

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)

PLEASE PRINT LEGIBLY

(Por favor escribe legible)

(La informacion proporcionada en este f	ormulario es parte d	el registro publico.)
First Name (Nombre)	Last Name (Apelli	do)
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 cas	illa):	
I would like to speak as an individ	dual. (Me gustaria co	mentar como individuo.)
I do not need to speak if the item (No necesito comentar si el articulo es aprobe		consent.
I would like to register my position (Me gustaria registrar mi puesto, pero no des		vish to speak.

Spoke

Agenda Item #
11

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.) SCHUMACHER First Name (Nombre) Last Name (Apellido) Address (Direccion) City (Ciudad) State Zip (Codigo Postal) (Estado) Phone Number (Numero de Telefono) IREW 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.)

201001
Date (Fecha) Agenda Item #
Safety Measures for Battery Subject (Titulo de Agenda) Storage
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.)
lauren Cazares
First Name (Nombre) Last Name (Apellido)
Address (Direction)
City (Ciudad) State Zip (Codigo Postal)
City (Ciudad) State Zip (Codigo Postal) (Estado)
Phone Number (Numero de Telefono)
San Diego Regional Chamber of Commerce 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.)

Individuals Speaking by Phone February 25, 2025

11	SUPPORTING SAFER PRACTICES WHEN SITING BATTERY ENERGY STORAGE SYSTEM PROJECTS			
		Paul	The bold	S
		Consuelo	С	0
		Kathleen	Lippitt	S
		Truth		S
		JP	Theberge	S
		Dori	Rattray	S

[&]quot;S" indicates the speaker is in support

[&]quot;0" indicates the speaker is in opposition