

4/30  
Date (Fecha)

Consent  
1-20  
Agenda Item #  
(Numero de agenda)

2

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  
(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.)

Alleged by  
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)

**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

Speaker

4-30-24  
Date (Fecha)

1-20  
Agenda Item #  
(Numero de agenda)

Sheriff TRAVELING out of court  
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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BYRANT  
First Name (Nombre)

Rumbach  
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

Spoke

4-30-24  
Date (Fecha)

1-20  
Agenda Item #  
(Numero de agenda)

MARY  
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)

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Maria  
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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(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

**Individuals Speaking by  
Phone April 30, 2024**

02	MOU FOR THE REGIONAL HELICOPTER PROGRAM			
		Kathleen	Lippitt	S
		Paul	The Bold	O
		Consuelo	C	O
		Truth		O

**"S" indicated the speaker is in support**

**"O" indicated the speaker is in opposition**