(1)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
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4/9/24
Date *(Fecha)*

Cost of Living - Equity Study
Subject *(Titulo de Agenda)*

USA
First Name *(Nombre)*

GARCIA
Last Name *(Apellido)*

4004 Kearny Mesa
Address *(Direccion)*

S.D
City *(Ciudad)*

CA
State *(Estado)*

92111
Zip *(Codigo Postal)*

(619) 227-5020
Phone Number *(Numero de Telefono)*

SEIU 221
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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Spoke

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(2)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4/9/24
Date *(Fecha)*

Cost of Living - Equity Study
Subject *(Titulo de Agenda)*

Crystal
First Name *(Nombre)*

Irving
Last Name *(Apellido)*

4004 Kearny Mesa Rd
Address *(Direccion)*

S.D
City *(Ciudad)*

CA
State *(Estado)*

92111
Zip *(Codigo Postal)*

(619) 227-5020
Phone Number *(Numero de Telefono)*

SEIU 221
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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3

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4-09-24
Date *(Fecha)*

HOMELESS FACILITY SPRING VALLEY
Subject *(Titulo de Agenda)*

DAVID
First Name *(Nombre)*

COVARRUBIAS
Last Name *(Apellido)*

8880 INNSDALE AVE
Address *(Direccion)*

SPRING VALLEY
City *(Ciudad)*

CA
State *(Estado)*

91977
Zip *(Codigo Postal)*

(619) 841-9914
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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4

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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APR 9, 2024
Date *(Fecha)*

TOXICITY in Residential Zone
Subject *(Titulo de Agenda)*

CESAR
First Name *(Nombre)*

JAVIER
Last Name *(Apellido)*

5232 Streamview Dr
Address *(Direccion)*

SD, SD County CA
City *(Ciudad)*

State *(Estado)*

92105
Zip *(Codigo Postal)*

619 200 8762
Phone Number *(Numero de Telefono)*

Community Volunteer
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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5

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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Apr 9 2024

Date *(Fecha)*

TX city impact to Seniors

Subject *(Titulo de Agenda)*

Purita Ortiz

First Name *(Nombre)* **Last Name** *(Apellido)*

Purita

5232 Shannon Dr

Address *(Direccion)*

San Diego Co 92

City *(Ciudad)* **State** *(Estado)* **Zip** *(Codigo Postal)*

619-200-8762

Phone Number *(Numero de Telefono)*

Community Volunteer

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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6

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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4/9

Date *(Fecha)*

CLERB

Subject *(Titulo de Agenda)*

Yusef Miller

First Name *(Nombre)* **Last Name** *(Apellido)*

Address *(Direccion)*

City *(Ciudad)* **State** *(Estado)* **Zip** *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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7

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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4/9
Date *(Fecha)*

CLERB
Subject *(Titulo de Agenda)*

~~Yusef~~ Grace
First Name *(Nombre)*

Jun
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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8

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(Comunicacion publica no agendada– Solicitud para comentar)

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4/9
Date *(Fecha)*

CLERB
Subject *(Titulo de Agenda)*

Andrea
First Name *(Nombre)*

St. Julian
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

Spoke

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(9)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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4/9
Date *(Fecha)*

CLERB
Subject *(Titulo de Agenda)*

De Ana | Serna
First Name *(Nombre)* | **Last Name** *(Apellido)*

Address *(Direccion)*

City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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(11)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4/9/24
Date *(Fecha)*

CLERB
Subject *(Titulo de Agenda)*

Cheryl | Canson
First Name *(Nombre)* | **Last Name** *(Apellido)*

10838 Via Las Mayas Street Apt. B
Address *(Direccion)*

San Diego | CA | 92129
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

619 508-7565
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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(12)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4/09/24
Date *(Fecha)*

HEALTH
Subject *(Titulo de Agenda)*

Michael
First Name *(Nombre)*

Brando
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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(14)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4-9-24
Date *(Fecha)*

Many
Subject *(Titulo de Agenda)*

Mark
First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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On phone (16)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4/9/2024
Date *(Fecha)*

NON-AGENDA
Subject *(Titulo de Agenda)*

PAUL | the BOLD
First Name *(Nombre)* | **Last Name** *(Apellido)*

Address *(Direccion)*

City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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*May already have Request in (17)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

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4/9/24
Date *(Fecha)*

Non Agenda
Subject *(Titulo de Agenda)*

Consent
First Name *(Nombre)* | **Last Name** *(Apellido)*

Address *(Direccion)*

City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

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Individuals Speaking by Phone
April 9, 2024

Non-Agenda Public Comment			
	Terri-Ann	Skelly	O
	Jim	Ellis	S
	Becky	Rapp	S
	Megan	Stuart	O
	Kelly	McCormick	S
	Audra		O
	Truth		O
	Peggy	Walker	S

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