

3/11
Date (Fecha)

15
Agenda Item #
(Numero de agenda)

BH
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.)

Allegedly
First Name (Nombre)

Audra
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

Spoke

3-11-25
Date (Fecha)

15
Agenda Item #
(Numero de agenda)

Health
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

Spoke

3/11
Date (Fecha)

Consent
Agenda Item #
(Numero de agenda)

Consent
Subject (Titulo de Agenda)

15

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 Auden
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):**
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 - 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

Spoke

**Individuals Speaking by
Phone March 11, 2025**

15	BEHAVIORAL HEALTHY COMMUNITY BASED ORG			
		Consuelo	C	O
		Justin	Castro	O
		Paul	The Bold	O

"S" indicates the speaker is in support

"O" indicates the speaker is in opposition