

10/11
Date (Fecha)

1-6 1HHS
Agenda Item #
(Numero de agenda)

Consent
Subject (Titulo de Agenda)

3

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.)

Audra
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

Spoke
some

Oct 11, 22 Consent 1-6 & FP 1+2

Date (Fecha)

Agenda Item #
(Numero de agenda)

Various

Subject (Título de Agenda)

3

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of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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MARK

First Name (Nombre)

Last Name (Apellido)

Address (Dirección)

City (Ciudad)

State
(Estado)

92109
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any

(Organización o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Spoke

Individuals Speaking by Phone
October 11, 2022

03	AMENDING ADMIN. CODE RELATING TO			
	PUBLIC ADMINISTRATOR			
		PAUL	HENKIN	O
		Truth		O

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition