5/23/23
Date *(Fecha)*

32
Agenda Item # *(Numero de agenda)*

Sandra Resolution
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.)

Eileen
First Name *(Nombre)*

Delaney
Last Name *(Apellido)*

P.O. Box 1419
Address *(Direccion)*

Fallbrook
City *(Ciudad)*

CA
State *(Estado)*

92088
Zip *(Codigo Postal)*

760 518-8888
Phone Number *(Numero de Telefono)*

Fallbrook Planning Group
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

5-23-23

Date *(Fecha)*

32

Agenda Item # *(Numero de agenda)*

SANDAG Resolution

Subject *(Titulo de Agenda)*

#32

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

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Robin Joy — First Name *(Nombre)*

Maxson — Last Name *(Apellido)*

17532 Highway 67 — Address *(Direccion)*

Ramona — City *(Ciudad)*

CA — State *(Estado)*

92065 — Zip *(Codigo Postal)*

760 705 7435 — Phone Number *(Numero de Telefono)*

Ramona Community Planning Group — 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)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

4.23

Date *(Fecha)*

32

Agenda Item # *(Numero de agenda)*

Area 5

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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(La informacion proporcionada en este formulario es parte del registro publico.)

Mark

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

92104

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

5/23

Date *(Fecha)*

32

Agenda Item #
(Numero de agenda)

SANDAG

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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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

5/23

Date *(Fecha)*

32

Agenda Item # *(Numero de agenda)*

Adopting Resolution

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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Consuelo

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

Individuals Speaking by Phone May 23, 2023

32	ADDITION OF UNINCORPORATED AREA REPRESENTATION TO THE SAN DIEGO ASSOCIATION OF GOVERNMENTS BOARD OF DIRECTORS			
		Kathleen	Lippitt	S
		Truth		O

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition