

April  
Date (Fecha)  
567-C  
Agenda Item #  
(Numero de agenda)  
Copter, camera, lab, grant  
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.)

Mark  
First Name (Nombre)  
Dorion  
Last Name (Apellido)

Address (Direccion)

City (Ciudad) State (Estado) Zip (Codigo Postal)  
92104

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.)

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speaker

4/26  
Date (Fecha)

1-28 -C  
Agenda Item #  
(Numero de agenda)

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  
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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.)
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(No necesito comentar si el articulo es aprobado.)
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

5

4/22/22

1-28-C

Date (Fecha)

Agenda Item #  
(Numero de agenda)

Consent Calendar

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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Consent

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

Bonita

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.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

5

**Individuals Speaking by Phone  
April 26, 2022**

05	BODY WORN CAMERA SYSTEM			
		Truth		0

**“S” indicated the speaker is in support  
“O” indicated the speaker is in opposition**