

12/5
Date (Fecha)

1-21
Consent
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
(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

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Karma
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
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Sandra Martinez
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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Spoke

1-5-23
Consent
Date (Fecha)

1-21
Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

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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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Spoke

12/5/2023
Date (Fecha)

1-21
Consent cal. (all)
Agenda Item #
(Numero de agenda)

Consent Calendar all items
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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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
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12/5/2023

Date (Fecha)

1-20

Agenda Item #
(Numero de agenda)

VAX
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

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Pam
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
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Spoke

**Individuals Speaking by Phone
December 5, 2023**

11	SOLICITING VOLUNTEERS FOR THE ANNUAL POINT IN TIME		
		Truth	O

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