

MAY 23

Date (Fecha)

23

Agenda Item #
(Numero de agenda)

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.)

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)

28
Agenda Item #
(Numero de agenda)

23
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~~John~~ First Name (Nombre)

Fire Employee
Last Name (Apellido)

4534 34th St
Address (Dirección)

San Diego
City (Ciudad)

CA
State

92116
Zip (Codigo Postal)

619 780 1305
Phone Number (Numero de Telefono)

Organization or company, if any

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

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Spoke

Individuals Speaking by Phone
May 23, 2023

23	UPDATE ON ESTABLISHING THE BEHAVIORAL HEALTH IMPACT			
		Truth		O
		Audra	M	O

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