10/11
Date *(Fecha)*

12
Agenda Item #
(Numero de agenda)

Homeless
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.)

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

Spoke

10/11
Date *(Fecha)*

12
Agenda Item #
(Numero de agenda)

homelessness
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

10/11/2022
Date *(Fecha)*

12
Agenda Item # *(Numero de agenda)*

Homeless
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.)

JASON (COX)
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)*:

- [x] 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

(Rev. 10/16)

Oct 11, 22
Date *(Fecha)*

12
Agenda Item # *(Numero de agenda)*

Homeless
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)* Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)* 92109

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)*:

- [x] 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

(Rev. 10/16)

10/11/22
Date (Fecha)

12
Agenda Item # (Numero de agenda)

Homeless Cooperation
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.)

Robert
First Name (Nombre)

W
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)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

11 Oct 22
Date (Fecha)

12
Agenda Item # (Numero de agenda)

Homeless Partnerships
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.)

Judy
First Name (Nombre)

Scheuer
Last Name (Apellido)

13643 Cuesta del Sol
Address (Direccion)

Lakeside
City (Ciudad)

CA
State (Estado)

92040
Zip (Codigo Postal)

619 368 4624
Phone Number (Numero de Telefono)

Hope for the Homeless Lakeside
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

11 OCT 2022

Date *(Fecha)*

#12

Agenda Item # *(Numero de agenda)*

Homeless Partnership

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.)

Jesan

First Name *(Nombre)*

Rose

Last Name *(Apellido)*

13643 Cuesta Del Sol

Address *(Direccion)*

Lakeside

City *(Ciudad)*

CA

State *(Estado)*

92040

Zip *(Codigo Postal)*

(619) 743-2482

Phone Number *(Numero de Telefono)*

Hope For The Homeless

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

(Rev. 10/16)

Individuals Speaking by Phone
October 11, 2022

12	**BUILDING PARTNERSHIPS TO END HOMELESSNESS**			
		PAUL	HENKIN	O
		Teresa	Smith	S
		Truth		O
		Nathan	Wollmann	S

"S" indicated the speaker is in support
"O" indicated the speaker is in opposition