

2/28
Date (Fecha)

Fire 1-16
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

2:28:23

Date (Fecha)

1-16

Agenda Item #
(Numero de agenda)

Maly

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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Mark

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

42109
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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(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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Spoke

2/28/2023

Date (Fecha)

Consent Cal. 1-18

Agenda Item #

(Numero de agenda)

Consent Calendar #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

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

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

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(Rev. 10/16)

Spoke

2/28/2023

Date (Fecha)

Consent Cal. 1-16

Agenda Item #

(Numero de agenda)

Consent Cal. 4, 5, 6, 9, 10, 11

Subject (Titulo de Agenda)

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PAUL

First Name (Nombre)

HENKIN

Last Name (Apellido)

Address (Direccion)

BONITA

City (Ciudad)

CA

State

(Estado)

91902

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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(Rev. 10/16)

Spoke

Individuals Speaking by Phone

February 28, 2023

01	SHERIFF - OFF HIGHWAY MOTOR VEHICLE RECREATION (OHMVR) GRANT			
		Truth		O
		Kathleen	Lippitt	S

"S" indicated the speaker is in support

"O" indicated the speaker is in opposition