

4/9/2024
Date (Fecha)
Consent Calendar
Agenda Item #
(Numero 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.)

Consent
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

4/9/2024
Date (Fecha)
Consent Calendar items 5, 7, 9, 10, 12, 6, 15, FPO 1
Agenda Item #
(Numero de agenda)

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PAUL the BOLD
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

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

Phone Number (Numero de Telefono)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4-9-24

Consent
1-17

Date (Fecha)

Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

MAY

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)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Individuals Speaking by Phone
April 9, 2024

15	APPROVAL OF THE CONFLICT OF INTEREST CODES FOR ASSESSOR/RECORDER/COUNTY CLERK			
		Kathleen	Lippitt	S
		Audra		O
		Truth		O

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