

Date (Fecha) 10/19/21 Agenda Item # 18
(Numero de agenda)

Subject (Título de Agenda) Issuance of Revenue

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 información proporcionada en este formulario es parte del registro público.)

First Name (Nombre) Child of God Last Name (Apellido)

Address (Dirección)

City (Ciudad) _____ State (Estado) _____ Zip (Código Postal) _____

Phone Number (Número de Teléfono) _____

Organization or company, if any
(Organización o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- ☒ I would like to speak as an individual. (Me gustaría comentar como individuo.)
- ☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el artículo es aprobado.)
- ☐ I would like to register my position, but I do not wish to speak.
(Me gustaría registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.

(Solicito comentar como parte de una presentación organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Date (Fecha) 10/19 Agenda Item # 18
(Numero de agenda)

Subject (Título de Agenda) Health

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 información proporcionada en este formulario es parte del registro público.)

First Name (Nombre) Richard Kryptonite Last Name (Apellido)

Address (Dirección)

City (Ciudad) _____ State (Estado) _____ Zip (Código Postal) _____

Phone Number (Número de Teléfono) _____

Organization or company, if any
(Organización o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

- ☒ I would like to speak as an individual. (Me gustaría comentar como individuo.)
- ☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el artículo es aprobado.)
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