1

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

3/10/24
Date *(Fecha)*

HEALTH
Subject *(Titulo de Agenda)*

Michael
First Name *(Nombre)*

Brando
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

2

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/24.
Date *(Fecha)*

Dept. of Animal Services
Subject *(Titulo de Agenda)*

AUDREY
First Name *(Nombre)*

REYNOLDS
Last Name *(Apellido)*

3224 Wildflower Valley Dr
Address *(Direccion)*

Escondido
City *(Ciudad)*

CA
State *(Estado)*

92026
Zip *(Codigo Postal)*

619-247-7237.
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

3

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/24
Date *(Fecha)*

Neglected Animals
Subject *(Titulo de Agenda)*

Michele | Walther
First Name *(Nombre)* | **Last Name** *(Apellido)*

Address *(Direccion)*

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

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

4

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-24
Date *(Fecha)*

No agenda
Subject *(Titulo de Agenda)*

Summer | Light
First Name *(Nombre)* | **Last Name** *(Apellido)*

20840 ELFIN FOREST
Address *(Direccion)*

ELFIN FOREST | CA | 92029
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

760 591-3111
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

5

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-24
Date *(Fecha)*

Regional Trails Plan + Loveland Reservoir Hub
Subject *(Titulo de Agenda)*

John
First Name *(Nombre)*

Allen
Last Name *(Apellido)*

1372 Marline Ave
Address *(Direccion)*

El Cajon
City *(Ciudad)*

CA
State *(Estado)*

92021
Zip *(Codigo Postal)*

619 588-0993
Phone Number *(Numero de Telefono)*

Self
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev.03/23)

6

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

April 10th 2024
Date *(Fecha)*

Subject *(Titulo de Agenda)*

CARMEN
First Name *(Nombre)*

TORRES
Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev.03/23)

7

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/2024
Date *(Fecha)*

AVIATION
Subject *(Titulo de Agenda)*

ROBERT | GERMANN
First Name *(Nombre)* | **Last Name** *(Apellido)*

9214 WESTHILL RD
Address *(Direccion)*

LKSD | CA | 92,40
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

619-654-0785
Phone Number *(Numero de Telefono)*

C.A.G.E LFA
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

SPOKE

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

8

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-2024
Date *(Fecha)*

WILLOW ROAD SENIOR & FAMILY PARKING AGENDA ITEM #18 COUNTY BOS MEETING OF 3/12/24 & 3/13/24
Subject *(Titulo de Agenda)*

GAIL | DEYLING
First Name *(Nombre)* | **Last Name** *(Apellido)*

10987 FILLBROOK DR
Address *(Direccion)*

LAKESIDE, CA | CA | 92040
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

619-971-9203
Phone Number *(Numero de Telefono)*

RESIDENT
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

SPOKE

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 03/23)

(9)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-24
Date *(Fecha)*

Willow RV Senior & Family RV Park
Subject *(Titulo de Agenda)*

NANCY
First Name *(Nombre)*

Wilkens
Last Name *(Apellido)*

13206 IDYL DR
Address *(Direccion)*

Lakeside
City *(Ciudad)*

CA
State *(Estado)*

92040
Zip *(Codigo Postal)*

619-851-2871
Phone Number *(Numero de Telefono)*

TAX PAYER
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

(10)

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/23
Date *(Fecha)*

animal abuse
Subject *(Titulo de Agenda)*

KATE
First Name *(Nombre)*

iannone
Last Name *(Apellido)*

1542 La playa
Address *(Direccion)*

SD
City *(Ciudad)*

CA
State *(Estado)*

92109
Zip *(Codigo Postal)*

310-953-1013
Phone Number *(Numero de Telefono)*

n/A
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 03/23)

11

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-2024
Date *(Fecha)*

Animal Welfare
Subject *(Titulo de Agenda)*

Zohra
First Name *(Nombre)*

Fahim
Last Name *(Apellido)*

Address *(Direccion)*

Vista
City *(Ciudad)*

CA
State *(Estado)*

92081
Zip *(Codigo Postal)*

619-964-0981
Phone Number *(Numero de Telefono)*

CA Alliance for Animals
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

SPOKE

(Rev.03/23)

12

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

April 10, 2024
Date *(Fecha)*

CONSTRUCTION OF POSSIBLE TINY CABINS IN OUR AREA
Subject *(Titulo de Agenda)*

LUIS
First Name *(Nombre)*

ELIZONDO
Last Name *(Apellido)*

1201 ELKELTON BLVD
Address *(Direccion)*

SPRING VALLEY
City *(Ciudad)*

CA
State *(Estado)*

91977
Zip *(Codigo Postal)*

(619) 838-9607
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

SPOKE

(Rev.03/23)

13

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/24
Date *(Fecha)*

PROPOSE HOMELESS CABIN PROJECT AT SPRING VALLEY JAMACHA RD & 125
Subject *(Titulo de Agenda)*

JIMMY — **First Name** *(Nombre)*

ROSARIO — **Last Name** *(Apellido)*

1215 ELICELTON BLVD
Address *(Direccion)*

SPRING VALLEY — **City** *(Ciudad)*

CA — **State** *(Estado)*

91977 — **Zip** *(Codigo Postal)*

619 972 6948
Phone Number *(Numero de Telefono)*

HOME OWNER
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev.03/23)

14

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4-10-2024
Date *(Fecha)*

Regional TRAILS
Subject *(Titulo de Agenda)*

MARYANNE — **First Name** *(Nombre)*

VASCO — **Last Name** *(Apellido)*

9837 Circa Valle Verde
Address *(Direccion)*

El Cajon — **City** *(Ciudad)*

CA — **State** *(Estado)*

92021 — **Zip** *(Codigo Postal)*

619 871-0327
Phone Number *(Numero de Telefono)*

Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev.03/23)

15

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/24
Date *(Fecha)*

Horse neglect case
Subject *(Titulo de Agenda)*

Samantha | Prado
First Name *(Nombre)* | **Last Name** *(Apellido)*

Encanto
Address *(Direccion)*

San Diego | CA | 92114
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

619-480-8179
Phone Number *(Numero de Telefono)*

Los Angeles Alliance For Animals
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

spoke

(Rev. 03/23)

16

NON-AGENDA PUBLIC COMMUNICATION REQUEST TO SPEAK

(Comunicacion publica no agendada– Solicitud para comentar)

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.)

4/10/24
Date *(Fecha)*

Deaths in Custody @ Jails
Health & Safety in encampments
Subject *(Titulo de Agenda)*

Lori | Saldaña
First Name *(Nombre)* | **Last Name** *(Apellido)*

4211 Conrad Ave
Address *(Direccion)*

SD | CA | 92117
City *(Ciudad)* | **State** *(Estado)* | **Zip** *(Codigo Postal)*

619-742-9885
Phone Number *(Numero de Telefono)*

Self
Organization or company you are representing, if any
(Organizacion o empresa a la que representa, si corresponde)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

spoke

(Rev. 03/23)

Individuals Speaking by Phone
April 10, 2024

	Non-Agenda Public Comment			
		Paul	The Bold	S
		Consuelo	C	S
		Kathleen	Lippitt	S
		Terri-Ann	Skelly	O
		Kelly	McCormick	S
		Truth		S
		Audra		O

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