

7/16  
Date (Fecha)

Consent  
1-13  
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.)

Allegedly  
First Name (Nombre)      Austru  
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

Spoken

7/16/24  
Date (Fecha)

1-13  
Agenda Item #  
(Numero de agenda)

1-13  
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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Harmy  
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  
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Spoken

7/16/24  
Date (Fecha)

CONSENT  
ALL 1 THROUGH 12  
Agenda Item #  
(Numero de agenda)

CONSENT CALENDAR (ALL)  
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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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, if any  
(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

5

7-16-24  
Date (Fecha)

1-12  
Agenda Item #  
(Numero de agenda)

Various  
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) Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

**Individuals Speaking by  
Phone July 16, 2024**

05	GRANT FUNDING; ADOPT RESOLUTION; AND REQUEST TO ISSUE COMPETITIVE SOLICITATION FOR THE EMERGENCY MEDICAL SERVICES			
		Consuelo	C	O
		Truth		O

**"S" indicated the speaker is in support**

**"O" indicated the speaker is in opposition**