3-15-22
Date (Fecha)

#6-C
Agenda Item #
(Numero de agenda)

Consent Calendar

Community Enhancement & Neighborhood Reinvestment
Subject (Titulo de Agenda)

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 informacion proporcionada en este formulario es parte del registro publico.)

Bob
First Name *(Nombre)*

Cotton
Last Name *(Apellido)*

21758 Deer Grass Dr.
Address *(Direccion)*

Escondido
City *(Ciudad)*

CA
State *(Estado)*

92029
Zip *(Codigo Postal)*

760-519-1859
Phone Number *(Numero de Telefono)*

N/A
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)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion 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

3/15/22
Date *(Fecha)*

1-12-C
Agenda Item # *(Numero de agenda)*

#
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)*

92028
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

Individuals Speaking by Phone
March 15, 2022

06	CE & NRP D5			
		Consuelo	Henkin	O
		Truth		O

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