

11 Dec 24  
Date (Fecha)

Items 1, 2, 3, 4, 5, 6, 7, 8  
Agenda Item #  
(Numero de agenda)

Consent Agenda  
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.)

COSAP  
First Name (Nombre)

JAVIER  
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

SPW

**Individuals Speaking by Phone  
December 11, 2024**

03	RECEIVE TRANSPORTATION IMPACT FEE AND REGIONAL TRANSPORTATION CONGESTION IMPROVEMENT			
		Consuelo		O
		Paul	TheBold	O
		Gambler	Hermis	S
		Audra		O

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