10

5/24
Date *(Fecha)*

1-20 + Flood district
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.)

Audra
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
(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

(Rev. 10/16)

Spoke

10

6/23/22
Date *(Fecha)*

Cons Consent
Agenda Item #
(Numero de agenda)

All Non Discussion Items
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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[redacted]
First Name *(Nombre)*

[redacted]
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

(Rev. 10/16)

Spoke

10

May 24, 22 C-1-20

Date *(Fecha)*

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)

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Mark Doran

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

92109

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)*:

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☐ I do not need to speak if the item is approved on consent.
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speak

(Rev. 10/16)

5/24/2022
Date *(Fecha)*

C-10
Agenda Item # *(Numero de agenda)*

CIVIC ENGAGEMENT
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)

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MICHAEL
First Name *(Nombre)*

BRANDO
Last Name *(Apellido)*

Address *(Direccion)*

ENCINITAS
City *(Ciudad)*

CA
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.
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(Me gustaria registrar mi puesto, pero no deseo comentar.)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

5/24/2022
Date *(Fecha)*

C-10
Agenda Item # *(Numero de agenda)*

Commitees & Civil Engagement
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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Mike
First Name *(Nombre)*

Borrello
Last Name *(Apellido)*

2704 Tiburon Ave
Address *(Direccion)*

Carlsbad
City *(Ciudad)*

CA
State *(Estado)*

92010
Zip *(Codigo Postal)*

619-889-5452
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.)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/16)

Individuals Speaking by Phone
May 24, 2022

10	**CONT ITEM: CIVIC ENGAGEMENT THROUGH BCC'S**			
		Paul	Henkin	O
		Truth		O
		Eleanor		O

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