7

2/28

Date *(Fecha)*

Fire 1-16 Consent

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

1

2.28.23

Date *(Fecha)*

1-16

Agenda Item #
(Numero de agenda)

Mary

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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Mark

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State
(Estado)

92109

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.)

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(Rev. 10/16)

Spoke

7

2/28/2023
Date *(Fecha)*

Consent Cal. 1-16
Agenda Item # *(Numero de agenda)*

Consent Calendar #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 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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CONSUELO
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)*:

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☐ 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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(Rev. 10/16)

Spoke

7

2/28/2023
Date *(Fecha)*

Consent Cal. 1-16
Agenda Item #
(Numero de agenda)

Consent Cal. #4, 5, 6, 9, 10, 11
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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PAUL
First Name *(Nombre)*

HENKIN
Last Name *(Apellido)*

Address *(Direccion)*

BONITA
City *(Ciudad)*

CA
State *(Estado)*

91902
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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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev.10/16)

Spoke

Individuals Speaking by Phone

February 28, 2023

07	GENERAL SERVICES RATIFICATION OF EMERGENCY CONTRACT AND REPORT OF ACTION			
		Truth		O

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition