

4/9/24

Date (Fecha)

7

Agenda Item #
(Numero de agenda)

~~Richard Sraba~~

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.)

Richard Sraba

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

LEA

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

4-9-24

Date (Fecha)

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Rachel

First Name (Nombre)

Hages

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spalce

4-9-24

Consent
1-17

Date (Fecha)

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)

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Last Name (Apellido)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4/9/24

Consent

Date (Fecha)

Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4/19/2024

Date (Fecha)

Consent - 4.
5, 6, 7, 9, 10, 12, 15
Agenda Item #
(Numero de agenda) FPO

Consent Calendar items 5, 7, 9, 10, 12, 6, 15, FPO 1
Subject (Título 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)

the BOLD

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State (Estado)

Zip (Codigo Postal)

Phone Number (Numero de Telefono)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

**Individuals Speaking by Phone
April 9, 2024**

07	RESOLUTION AUTHORIZING THE APPLICATION AND AMENDMENT OF THE PERMANENT LOCAL HOUSING			
		Kathleen	Lippitt	S
		Audra		O
		Truth		O

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