5/23/2023
Date *(Fecha)*

9
Agenda Item # *(Numero de agenda)*

DISTRICT 2 CEP, NRP GRANTS
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.)

ROB
First Name *(Nombre)*

HUTSEL
Last Name *(Apellido)*

4891 PACIFIC HIGHWAY
Address *(Direccion)*

SAN DIEGO
City *(Ciudad)*

CA
State *(Estado)*

92110
Zip *(Codigo Postal)*

619-297-7380
Phone Number *(Numero de Telefono)*

SAN DIEGO RIVER PARK FOUNDATION
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

MAY 23

Date *(Fecha)*

1-17

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.)

ALAN

First Name *(Nombre)*

C

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

Spoke

(Rev. 03/23)

4.23.23

Date *(Fecha)*

1-17

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)

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

Mark

First Name *(Nombre)*

Last Name *(Apellido)*

Address *(Direccion)*

City *(Ciudad)*

State *(Estado)*

92104

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

(Rev. 03/23)

Individuals Speaking by Phone
May 23, 2023

09	CE, NRP & CEQA D2			
		Paul	Henkin	O
		Truth		O

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