

8/16/2022
Date (Fecha)
CONSENT - ALL
Subject (Título de Agenda)

ALL H18C 6
Agenda Item #
(Numero 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 información proporcionada en este formulario es parte del registro publico.)

Oliver
First Name (Nombre)

Twist
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.)

In support of item 2

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Speak

8/16

Date (Fecha)

1-18

Agenda Item #
(Numero de agenda)

Consent

Subject (Titulo de Agenda)

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of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Andrea

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

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

**Individuals Speaking by Phone
August 16, 2022**

06	VOLUNTEERS OF AMERICA	
	Truth	O

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