

8/16/2022
Date (Fecha)
JAIL DEATHS
Subject (Título de Agenda)

23
Agenda Item #
(Numero 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.)

PAUL HENKIN
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

City (Ciudad) State Zip (Codigo Postal)
619-851-1415
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)

8/16/2022
Date (Fecha)
Jail Deaths
Subject (Título de Agenda)

23
Agenda Item #
(Numero de agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)
(Solicitud para comentar a favor de las recomendaciones)

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Crystal IRVING
First Name (Nombre) Last Name (Apellido)

Address (Direccion)

City (Ciudad) State Zip (Codigo Postal)
323-422-5755
Phone Number (Numero de Telefono)

SEIU 724
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)

8/16
Date (Fecha)
Sails
Agenda Item #
23
(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)

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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

(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

8/16/22
Date (Fecha)
Emergency Health in Jails
Agenda Item #
23
(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)

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Sandra
First Name (Nombre)

Martinez
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

Individuals Speaking by Phone
August 16, 2022

23	EMERGENCY MEASURES IN COUNTY			
	JAILS			
		Truth		O
		David	Myers	S

“S” indicated the speaker is in support

“O” indicated the speaker is in opposition