

1/10/2023

Date (Fecha)

6

Agenda Item #
(Numero de agenda)

RECEIVERSHIP BY COUNTY

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.)

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):

☒ 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

Speaker

1/10/23
Date (Fecha)

296
Agenda Item #
(Numero de agenda)

Board / Commission Appts / County Counsel Ability
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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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

6

1/10/23
Date (Fecha)

3-8 b Redevelop
ment
Agenda Item #
(Numero de agenda)

Consent
Subject (Título de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S) (Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
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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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

5 points

1-10-2023

Date (Fecha)

Many

Subject (Titulo de Agenda)

3-A \$501

Agenda Item #
(Numero de agenda)

6

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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Mark

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State
(Estado)

Zip (Codigo Postal)

92109

Phone Number (Numero de Telefono)

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Sealed

1/10/2023
Date (fecha)

6
CONSENT
CALENDAR

Agenda Item # 38
(Numero de agenda) 801

CONSENT CALENDAR
Subject (Título de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY

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Michael
First Name (Nombre)

Brando
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)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev 10/16)

Spoke

Individuals Speaking by Phone

January 10, 2023

06	INITIATE RECEIVERSHIP PROCESS			
		Truth		0
		Marion	Wilson	0

"S" indicated the speaker is in support

"0" indicated the speaker is in opposition