REQUEST TO SPEAK



Representing (optional):



| COUNTY | Agenda Item # |
|-------------------------------------|---|
| CALIFORNIA FUTURE | Date: |
| Name: Diana So | ndoval |
| (Print Na | ame Clearly) |
| | |
| Phonetic Spelling: | |
| (In an effort to pronounce names co | rrectly please provide phonetic spelling) |
| Contact Information (optional): | |
| | (Phone Number Including Area Code) |
| | |
| | |

All individual speakers and organized presentations to the Board of Supervisors are subject to time limits imposed at the discretion of the Chair.

(Organization, etc.)

(Email Address)

Persons desiring to address the Board of Supervisors must complete and deliver to the Clerk a speaker slip **PRIOR** to the commencement of the item.

When speaking, be brief, stay on subject, present only new information. When testifying before the Board of Supervisors, personal attacks and other disruptive behavior is not appropriate.

(The Clerk will call you to the microphone at the appropriate time)

PLEASE SEE REVERSE FOR BOARD MEETING PROTOCOLS

REQUEST TO SPEAK



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| | General | Public | Comm | non |
| | Concidi | I UDIIC | COILLI | uen |

| Agenda item # | | | | |
|---------------|------|------|--|--|
| Date: | 03/1 | 8/25 | | |

| realite. |
|---|
| (Print Name Clearly) |
| |
| Phonetic Spelling: |
| (In an effort to pronounce names correctly please provide phonetic spelling |
| Contact Information (optional): |
| (Phone Number Including Area Code) |
| |
| (Email Address) |
| Representing (optional): |
| (Organization, etc.) |

Marcia Monta

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REQUEST TO SPEAK



Phonetic Spelling:



Agenda Item #

Date: 3-/8-2025

Name: Garl (Sherento

(Print Name Clearly)

| (In an effort to pronounce names correctly plea | ase provide phonetic spelling) |
|---|--------------------------------|
| Contact Information (optional): | |
| (Phone Nun | nber Including Area Code) |
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| (Email Address) | |
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| Representing (optional): | |

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