

REQUEST TO SPEAK



☒ General Public Comment

Agenda Item # _____

Date: 9/23/25

Name: Sierra Liverett
(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): 970-507-0365
(Phone Number Including Area Code)

sierra.liverett@kingdomcauses.org
(Email Address)

Representing (optional): Kingdom Causes Inc.
(Organization, etc.)

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

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



one
COUNTY

one
FUTURE

☒ General Public Comment

Agenda Item # _____

Date: 9/23/25

Name: Jeff Shaffer
(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): 805-252-1993
(Phone Number Including Area Code)

jeff.shaffer@kingdomcauses.org
(Email Address)

Representing (optional): Kingdom Causes
(Organization, etc.)

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Agenda Item # _____

Date: _____

Name: Kelly Mendesh
(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): 805-708-4865
(Phone Number Including Area Code)

Kellysstout@hotmail.com
(Email Address)

Representing (optional): _____
(Organization, etc.)

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Agenda Item # _____

Date: 23 SEP 2025

Name: Violet Grace
(Print Name Clearly)

Phonetic Spelling: _____

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): (805) 944-8170
(Phone Number Including Area Code)

(Email Address)

Representing (optional): Self
(Organization, etc.)
Students

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Agenda Item # _____

Date: 23 SEP 2025

Name: KARIN HALENSTEN
(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.)

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Agenda Item # _____

Date: 9/23/25

Name: Byranie
~~Bye-ra-knee~~ Thomas
(Print Name Clearly)

Phonetic Spelling: Bye-ra-knee

(In an effort to pronounce names correctly please provide phonetic spelling)

Contact Information (optional): (707) 326-1642
(Phone Number Including Area Code)

byranie.thomas@kingdomcauses.org
(Email Address)

Representing (optional): _____
(Organization, etc.)

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