OR SANTARA One COUNTY One COUNTY One FUTURE	General Public Comment Agenda Item # Date:
Name: 1111an 1	umer
	lame Clearly)
Phonetic Spelling:	
(In an effort to pronounce names of	correctly please provide phonetic spelling
Contact Information (optional):	
	(Phone Number Including Area Code)
(Email	Address)
Representing (optional):	
	(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)

ONE SANTARIAN ONE COUNTY ONE FUTURE	General Public Comment Agenda Item # Date:
Name: Linda	Greco
(Print N	Name Clearly)
Phonetic Spelling:	
(In an effort to pronounce names of	correctly please provide phonetic spelling)
Contact Information (optional):	(Phone Number Including Area Code)
	(Phone Number Including Area Code)
(Email	Address)
Representing (optional): SBC	Animal Carc FDN (Organization, etc.)
All individual speakers and organized p subject to time limits impos	oresentations to the Board of Supervisors are sed at the discretion of the Chair.
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X	General Public Comment	
Agen	da Item #	
	5-13-25	

Name: Carrie Toplifte

(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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OF SANTA
☐ General Public Comment
Agenda Item #
Name: DR. CEE HELLER
(Print Name Clearly)
a egyala ya mini yaki i farin yagarin den mbalan ini baran ka i gara kesili.
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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(The Clerk will call you to the microphone at the appropriate time)

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Contact Information (optional):

M	General F	Public Comm	nent
Agen	da Item #	<u> </u>	
Date:	13	May	2025

	(Print Name Clearly)	ai ya esti
Phonetic Spelling:		

(Phone Number Including Area Code)

(Email Address)

Representing (optional): <u>QNIMAL</u> SerNeS

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General Public Comment Agenda Item # 25-00401 Date: 13may 2025
Name: KARIN HAUENSTEIN
(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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