

REQUEST TO SPEAK



one
COUNTY
one
FUTURE



General Public Comment

Agenda Item # _____

Date: _____

Name: Emily Gularte

(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805-450-3512

(Phone Number Including Area Code)

(Email Address)

Representing (optional): IHSS / UDW

(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

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☒ General Public Comment

Agenda Item # _____

Date: _____

Name: Yvonne Saldana

(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): IHSS / UDW

(Organization, etc.)

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Agenda Item # _____

Date: _____

Name: Brenna Boldt
(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): IHSS / UDW
(Organization, etc.)

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☒ General Public Comment

Agenda Item # _____

Date: _____

Name: MARY BOULDW
(Print Name Clearly)

Phonetic Spelling: _____

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

Contact Information (optional): 805 708 9527
(Phone Number Including Area Code)

WESOMELOVE.Mary@gmail.com
(Email Address)

Representing (optional): HSS / UPW
(Organization, etc.)

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☒ General Public Comment

Agenda Item # _____

Date: 8/19/25

Name: Robert Gibson
(Print Name Clearly)

Phonetic Spelling: RAW BERT Gibson
(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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