The City welcomes your comments and requests that you present your remarks in a respectful manner, within established time limits, and focus on issues which directly affect the City or are within the jurisdiction. Thank you for your testimony.

Meeting Date: 8/23

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

☐ Matters Listed on the Agenda

Agenda Item No: 2

Subject: Mayors' Gang Prevention and Intervention Task Force Year Update

☐ In Favor ☐ Oppose

☐ Matters NOT Listed on the Agenda

Subject: __________________________________________

____________________________________________________

____________________________________________________

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's Official minutes. This form is subject to disclosure under the California Public Records Request Act.

Name: Brenda Miranda

Address: 5233 34th St. Sac. CA 95820

Organization/Business Name: La Familia Counseling Center

Council District No.: ______

Phone: (916) 452-3101

Email: ____________________________

Notice to Lobbyist:

In compliance with City Code Section 2.15.150 you MUST identify yourself as a lobbyist and also verbally identify the client(s), business or organization you are representing.

I am a: ☐ Registered Lobbyist ☐ Unregistered Lobbyist

I represent: ________________________________