

City of
SACRAMENTO

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.

Request to Speak

Complete this form and return to the City Clerk

Meeting Date: _____

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

Matters Listed on the Agenda

Agenda Item No: _____
Subject: Item #2
CONSENT CAL

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: FRANK TIPPING Address: 2526 L ST 95816

Organization/Business Name: _____

Council District No.: _____ Not a City Resident

Phone: (____) _____ 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: _____

✓

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Matters Listed on the Agenda

Agenda Item No: 2

Subject: _____

In Favor Oppose

Matters **NOT** Listed on the Agenda

Subject: _____

Personal Information:

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Name: FAYASO Address: _____

Organization/Business Name: COMMUNITY DINNER PROJECT

Council District No.: 4 Not a City Resident

Phone: (916) 706 4605 Email: _____

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Matters Listed on the Agenda

Agenda Item No: 2, 8, 9

Subject: _____

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: *Laura Rubalcava* Address: _____

Organization/Business Name: _____

Council District No.: _____ Not a City Resident

Phone: (____) _____ Email: _____

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