



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 5-31-2011

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: _____

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: BUDGET

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.

Name: MARK TYNDALVE Address: 550 BENNETT DR.

Organization/Business Name: S.P.O.A.

Council District No.: 1

Not a City Resident

Phone: (916) 446-7661

Email: VICEPRESIDENT@SAA.ORG.

NOTICE TO LOBBYISTS: 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 and I represent:
