City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 3/31/52

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: Safe Ground

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: Paula Lomazzi **Address:** 505-10th St. #21

Organization/Business Name: SHOC

Council District No.: 1 ☐ **Not a City Resident**

Phone: (916) 442-2156 **Email:** shoc-1@yahoo.com

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:

_____

City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 3/31/09

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

☐ Matters **LISTED** on the Agenda	☑ Matters **NOT Listed** on the Agenda
Agenda Item No: _____	**Subject:** Safe Ground
Subject: _____	
☐ **In Favor** ☐ **Oppose**	

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: John Kraintz **Address:** _____

Organization/Business Name: SHOC

Council District No.: 1 ☐ **Not a City Resident**

Phone: (_____)_____ **Email:** _____

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_____

Didn't speak submitted late

City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

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MEETING DATE: _____

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☐ Matters **LISTED** on the Agenda	☑ Matters **NOT Listed** on the Agenda
Agenda Item No: _____	**Subject:** Mario Galvan Security & Safety for Immigrants
Subject: _____	
☐ In Favor **☐ Oppose**	

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: Mario Galván **Address:** _____

Organization/Business Name: _____

Council District No.: _____ ☐ **Not a City Resident**

Phone: (_____)_____ **Email:** _____

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_____