8/18
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JVR Energy Park
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Geoff
First Name (Nombre)

Fallon
Last Name (Apellido)

3 IB595 Jamboree Rd Unit 850
Address (Direccion)

Irvine
City (Ciudad)

CA
State (Estado)

92612
Zip (Codigo Postal)

314 651 0044
Phone Number (Numero de Telefono)

BayWa
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

☑ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JVR ENERGY PARK
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

Speaker #1

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

FRED
First Name (Nombre)

ROBINSON
Last Name (Apellido)

2004 FAYMONT AVE
Address (Direccion)

MANHATTAN BEACH
City (Ciudad)

CA
State (Estado)

90266
Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021
Date (Fecha)

1
Agenda Item # (Numero de agenda)

BAM-WS/JUR
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

Speaker # 3

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Chris — First Name (Nombre)
Braun — Last Name (Apellido)

11216 Depose Cove
Address (Direccion)

S.D. — City (Ciudad)
CA — State (Estado)
92131 — Zip (Codigo Postal)

760-809-7455
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JUR ENERGY PARK
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

WILLIAM — First Name (Nombre)
PAPE — Last Name (Apellido)

13345 S. ONAHMELL AVE
Address (Direccion)

YUMA — City (Ciudad)
AZ — State (Estado)
85367 — Zip (Codigo Postal)

310 242 0315
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Date (Fecha): 8/18/21

Agenda Item # (Numero de agenda): 1

Subject (Titulo de Agenda): JVR

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

First Name (Nombre): Gretchen

Last Name (Apellido): Newsom

Address (Direccion):

City (Ciudad): | State (Estado): | Zip (Codigo Postal):

Phone Number (Numero de Telefono):

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde): IBEW 569

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent.
  (No necesito comentar si el articulo es aprobado.)
- [ ] I would like to register my position, but I do not wish to speak.
  (Me gustaria registrar mi puesto, pero no deseo comentar.)
- [ ] I request to speak as part of an organized presentation.
  (Solicito comentar como parte de una presentacion organizada.)
  Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

(Rev. 10/16)

Date (Fecha): 8/18/21

Agenda Item # (Numero de agenda): 1

Subject (Titulo de Agenda): JVR

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

First Name (Nombre): Cristina

Last Name (Apellido): Marquez

Address (Direccion):

City (Ciudad): | State (Estado): | Zip (Codigo Postal):

Phone Number (Numero de Telefono):

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde): IBEW 569

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent.
  (No necesito comentar si el articulo es aprobado.)
- [ ] I would like to register my position, but I do not wish to speak.
  (Me gustaria registrar mi puesto, pero no deseo comentar.)
- [ ] I request to speak as part of an organized presentation.
  (Solicito comentar como parte de una presentacion organizada.)
  Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/18/21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR Energy Park

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Ryan — First Name *(Nombre)*

Wat — Last Name *(Apellido)*

225 Broadway

Address *(Direccion)*

San ~~Diego~~ Diego — City *(Ciudad)*

CA — State *(Estado)*

Zip *(Codigo Postal)*

619 341 4651

Phone Number *(Numero de Telefono)*

Brownstein

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/18

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escriba legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

William — First Name *(Nombre)*

Cheronek — Last Name *(Apellido)*

~~#2~~ 1100 Town & Country Dr

Address *(Direccion)*

Orange — City *(Ciudad)*

CA — State *(Estado)*

~~FE~~ 92865 — Zip *(Codigo Postal)*

714 705 1320

Phone Number *(Numero de Telefono)*

Kimley-Horn (civil Engr)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla)*:**

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☒ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)
CAN SPEAK TO CIVIL ENGINEERING QUESTI

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21 — Date (Fecha)

1 — Agenda Item # (Numero de agenda)

JVR Solar Project — Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Katrina — First Name (Nombre)

Wisley — Last Name (Apellido)

PO Box 355 — Address (Direccion)

Jacumba — City (Ciudad)

CA — State (Estado)

91934 — Zip (Codigo Postal)

619 889 7844 — Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation. Jac Sponsor group
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Aug 18, 2021 — Date (Fecha)

#1 — Agenda Item # (Numero de agenda)

JVR Energy Park — Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Cherry — First Name (Nombre)

Diefenbach — Last Name (Apellido)

7912 Pine Blvd — Address (Direccion)

Pine Valley — City (Ciudad)

CA — State (Estado)

91962 — Zip (Codigo Postal)

619-743-5224 — Phone Number (Numero de Telefono)

Jacumba Community Sponsor Group — Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation. (Chair)
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Aug 18
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

MV Permit JVR
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Maureen
First Name *(Nombre)*

Phillips
Last Name *(Apellido)*

Box 295
Address *(Direccion)*

Descanso
City *(Ciudad)*

CA
State *(Estado)*

91916
Zip *(Codigo Postal)*

619 445-6042
Phone Number *(Numero de Telefono)*

Sponsor Group
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

Jacumba Sponsor Grp

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

6/18/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR ENERGY PARK
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Jeff
First Name *(Nombre)*

Osborn
Last Name *(Apellido)*

44510 old Highway 80
Address *(Direccion)*

Jacumba
City *(Ciudad)*

CA
State *(Estado)*

91934
Zip *(Codigo Postal)*

559-289-8222
Phone Number *(Numero de Telefono)*

JACUMBA VILLAGE, LLC
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

08-18-21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR Energy Park
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

John — **First Name** *(Nombre)*

Cruz — **Last Name** *(Apellido)*

21167 McCain Valley Road
Address *(Direccion)*

Boulevard — **City** *(Ciudad)*

CA — **State** *(Estado)*

91905 — **Zip** *(Codigo Postal)*

(619) 357-9681
Phone Number *(Numero de Telefono)*

Jacumba Village LLC
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR ENERGY PARK
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

RAYMOND — **First Name** *(Nombre)*

CRUZ — **Last Name** *(Apellido)*

P.O. BOX 1362
Address *(Direccion)*

BOULEVARD — **City** *(Ciudad)*

CA — **State** *(Estado)*

91905 — **Zip** *(Codigo Postal)*

619) 569-5590
Phone Number *(Numero de Telefono)*

JACUMBA VILLAGE LLC
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21
Date (Fecha)

#1
Agenda Item # (Numero de agenda)

Jacumba Solar
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Daniel — First Name (Nombre)
Lecn — Last Name (Apellido)

44577 Brawley Ave Jacu.
Address (Direccion)

Jacumba — City (Ciudad)
CA — State (Estado)
91934 — Zip (Codigo Postal)

619-602-6472
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JUR Energy park
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Mike — First Name (Nombre)
Appelman — Last Name (Apellido)

21888 Crestline Rd
Address (Direccion)

Palomar Mountain — City (Ciudad)
CA — State (Estado)
92060 — Zip (Codigo Postal)

760-765-2287
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-2021
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR Jacumba
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Matthew
First Name *(Nombre)*

DeVincenzo
Last Name *(Apellido)*

5124 Bowden Ave
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92117
Zip *(Codigo Postal)*

407-766-1933
Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8-18-21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR PARK
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

CORBIN
First Name *(Nombre)*

WINTERS
Last Name *(Apellido)*

44415 CALEXICO AVE.
Address *(Direccion)*

JACUMBA
City *(Ciudad)*

CA
State *(Estado)*

91934
Zip *(Codigo Postal)*

619-977-2722
Phone Number *(Numero de Telefono)*

WE ARE HUMAN KIND / JACUMBA HOT SPRING RESORT
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8-18-21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR PARK

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

NATALIE — **First Name** *(Nombre)*

RICHARDS — **Last Name** *(Apellido)*

44500 OLD HWY 80

Address *(Direccion)*

JACUMBA — **City** *(Ciudad)*

CA — **State** *(Estado)*

91934 — **Zip** *(Codigo Postal)*

760-216-0680

Phone Number *(Numero de Telefono)*

WE ARE HUMAN KIND, JACUMBA HOT SPRINGS RESORT

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☐ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JACUMBA VS JVR

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Melissa — **First Name** *(Nombre)*

Strukel — **Last Name** *(Apellido)*

45000 OLD HIGHWAY 80

Address *(Direccion)*

JACUMBA — **City** *(Ciudad)*

CA — **State** *(Estado)*

91934 — **Zip** *(Codigo Postal)*

6199949278

Phone Number *(Numero de Telefono)*

JACUMBA HOT SPRINGS SPA

Organization or company, if any WE ARE HUMANKIND
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☑ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

Jacumba Solar Project

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Armando

First Name *(Nombre)*

Gallardo

Last Name *(Apellido)*

44557 Seeley Ave

Address *(Direccion)*

Jacumba

City *(Ciudad)*

CA

State *(Estado)*

91934

Zip *(Codigo Postal)*

619-894-0599

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JNR

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

ALASDAIR

First Name *(Nombre)*

MULLARNEY

Last Name *(Apellido)*

1916 LATTOUD DR.

Address *(Direccion)*

CARDIFF

City *(Ciudad)*

CA

State *(Estado)*

92007

Zip *(Codigo Postal)*

760 580 4517

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

Jacumba
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Jessica
First Name (Nombre)

Ng (pronounced Ing)
Last Name (Apellido)

4608 33rd St
Address (Direccion)

San Diego
City (Ciudad)

CA
State (Estado)

92116
Zip (Codigo Postal)

925-356-1799
Phone Number (Numero de Telefono)

Center for Interdisciplinary Environmental Justice
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

SPOKE

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

1st Item Jacumba
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Robert
First Name (Nombre)

Wallace
Last Name (Apellido)

1003 Bayswood
Address (Direccion)

Lakeside
City (Ciudad)

CA
State (Estado)

92040
Zip (Codigo Postal)

619-318-2643
Phone Number (Numero de Telefono)

Barona Tribal Member
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

SPOKE

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JACUMBA

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

CRAIG — **First Name** *(Nombre)*

ROSE — **Last Name** *(Apellido)*

10644 ESCOBAR DR. — **Address** *(Direccion)*

S.D. — **City** *(Ciudad)*

CA. — **State** *(Estado)*

92124 — **Zip** *(Codigo Postal)*

858-569-6652 — **Phone Number** *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21

Date *(Fecha)*

#1

Agenda Item # *(Numero de agenda)*

OPPOSITION TO SOLAR FARM

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

JOSEPH — **First Name** *(Nombre)*

DOUCETTE — **Last Name** *(Apellido)*

2358 UNIVERSITY AVE #321 — **Address** *(Direccion)*

SAN DIEGO — **City** *(Ciudad)*

CA — **State** *(Estado)*

92104 — **Zip** *(Codigo Postal)*

619 723-3577 — **Phone Number** *(Numero de Telefono)*

SAN DIEGO ADVENTURE TEAM — **Organization or company, if any**
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Jacumba Solar Farm
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Margit
First Name *(Nombre)*

Whitlock
Last Name *(Apellido)*

starship 1, Jacumba CA
Address *(Direccion)*

Jacumba
City *(Ciudad)*

CA
State *(Estado)*

91934
Zip *(Codigo Postal)*

619-206-8328
Phone Number *(Numero de Telefono)*

Resident
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

SPOKE

8/18/2021
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Jacumba Solar Proj.
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Barbara
First Name *(Nombre)*

Jaffe-Rosi
Last Name *(Apellido)*

10644 Escobar Dr.
Address *(Direccion)*

S.D.
City *(Ciudad)*

CA
State *(Estado)*

92124
Zip *(Codigo Postal)*

858-337-6547
Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

SPOKE

AUG / 18 / 21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JUCUMBA SOLAR PLANT PROJECT
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

ROMAN — First Name (Nombre)
WROSZ — Last Name (Apellido)

1939 MAIN STR. — Address (Direccion)

RAMONA — City (Ciudad)
CA — State (Estado)
92065 — Zip (Codigo Postal)

(858) 729 8506 — Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
- [ ] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*
- [x] I request to speak as part of an organized presentation. *(Solicito comentar como parte de una presentacion organizada.)*

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/18/21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

Solar Project
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Luke — First Name (Nombre)
Wasylin — Last Name (Apellido)

1055 Buena Vista Way — Address (Direccion)

Chula Vista — City (Ciudad)
CA — State (Estado)
91910 — Zip (Codigo Postal)

619-454-0787 — Phone Number (Numero de Telefono)

Self & Jacumba Partners LLC
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
- [ ] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*
- [ ] I request to speak as part of an organized presentation. *(Solicito comentar como parte de una presentacion organizada.)*

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8.18.21
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

JVR Solar Project
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Leona
First Name *(Nombre)*

Grunow
Last Name *(Apellido)*

39211 Hwy 94
Address *(Direccion)*

Boulevard
City *(Ciudad)*

CA
State *(Estado)*

91905
Zip *(Codigo Postal)*

808-756-5762
Phone Number *(Numero de Telefono)*

Rose Acres Farm
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-2021
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

Jacumba Solar
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Thomas
First Name *(Nombre)*

Whisenant
Last Name *(Apellido)*

~~Jacumba~~ P.O.box 377
Address *(Direccion)*

Jacumba
City *(Ciudad)*

CA
State *(Estado)*

91934
Zip *(Codigo Postal)*

619 708 9260
Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Agenda Item #1

Aug 18 2021
Date *(Fecha)*

DVR Solar
Agenda Item # *(Numero de agenda)*

DVR Jacumba Solar project
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Jael
First Name *(Nombre)*

Romero
Last Name *(Apellido)*

44415 Calexico AV
Address *(Direccion)*

Jacumba
City *(Ciudad)*

CA
State *(Estado)*

91934
Zip *(Codigo Postal)*

(619) 474-4292
Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla):***

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8/18
Date *(Fecha)*

1
Agenda Item # *(Numero de agenda)*

SAVE JACUMBA
Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

RAYMUNDO
First Name *(Nombre)*

BARAJAS
Last Name *(Apellido)*

2927 4TH AVE
Address *(Direccion)*

San Diego
City *(Ciudad)*

CA
State *(Estado)*

92103
Zip *(Codigo Postal)*

(619) 990-2356
Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below ***(Marque una casilla):***

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8-18-21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JUR Energy

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Chance — **First Name** *(Nombre)*

Rose — **Last Name** *(Apellido)*

39745 Avenida de Robles Verdes — **Address** *(Direccion)*

Boulevard — **City** *(Ciudad)*

CA — **State** *(Estado)*

91905 — **Zip** *(Codigo Postal)*

619-504-9270 — **Phone Number** *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21

Date *(Fecha)*

01

Agenda Item # *(Numero de agenda)*

JUR ENERGY

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Michael — **First Name** *(Nombre)*

Rockefeller — **Last Name** *(Apellido)*

1211 Railroad st — **Address** *(Direccion)*

Jacumba — **City** *(Ciudad)*

CA — **State** *(Estado)*

91934 — **Zip** *(Codigo Postal)*

619-598-8030 — **Phone Number** *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

08/18/2021

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR ENERGY PARK

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

RICHARD

First Name *(Nombre)*

RAM

Last Name *(Apellido)*

8628 EAMES ST.

Address *(Direccion)*

SAN DIEGO

City *(Ciudad)*

CA

State *(Estado)*

92123

Zip *(Codigo Postal)*

858-945-6282

Phone Number *(Numero de Telefono)*

SAN DIEGO COUNTY DEMOCRATS FOR ENVIRONMENTAL ACTION

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-2021

Date *(Fecha)*

01

Agenda Item # *(Numero de agenda)*

JVR Eng. PARK

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Michael

First Name *(Nombre)*

MARCHAND

Last Name *(Apellido)*

44726 Old Hwy 80 SP 22

Address *(Direccion)*

Jacumba

City *(Ciudad)*

CA

State *(Estado)*

91934

Zip *(Codigo Postal)*

619.371.1820

Phone Number *(Numero de Telefono)*

N/A

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JVR Energy Park
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Larry — First Name (Nombre)
Johnson — Last Name (Apellido)

1259 Dewey Pl.
Address (Direccion)

Campo — City (Ciudad)
CA — State (Estado)
91906 — Zip (Codigo Postal)

619-498-5566
Phone Number (Numero de Telefono)

Mountain Empire Historical Society
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
- [ ] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*

_____

- [ ] I request to speak as part of an organized presentation. *(Solicito comentar como parte de una presentacion organizada.)*

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/19/21
Date (Fecha)

#1
Agenda Item # (Numero de agenda)

JACUMBA VS JVR
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

DAVID — First Name (Nombre)
LAMPLEY — Last Name (Apellido)

4455 OLD HIGHWAY 80
Address (Direccion)

JACUMBA — City (Ciudad)
CA — State (Estado)
91934 — Zip (Codigo Postal)

6198224094
Phone Number (Numero de Telefono)

IMPOSSIBLE RAILROAD TRADING POST
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

- [x] I would like to speak as an individual. *(Me gustaria comentar como individuo.)*
- [ ] I do not need to speak if the item is approved on consent. *(No necesito comentar si el articulo es aprobado.)*
- [x] I would like to register my position, but I do not wish to speak. *(Me gustaria registrar mi puesto, pero no deseo comentar.)*

OPPOSE

- [x] I request to speak as part of an organized presentation. *(Solicito comentar como parte de una presentacion organizada.)*

Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

Jacumba, DeAnza Resort Resident

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

(LAURA) "Sparrow" LaPoint

First Name *(Nombre)* Last Name *(Apellido)*

1951 Carrizo Gorge Rd Site W-48

Address *(Direccion)*

Jacumba CA 91934

City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)*

(714) 852-0289

Phone Number *(Numero de Telefono)*

DeANZA RESORT Resident

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR Project

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Natalie Filler

First Name *(Nombre)* Last Name *(Apellido)*

323 S. Horne st

Address *(Direccion)*

Oceanside CA 92054

City *(Ciudad)* State *(Estado)* Zip *(Codigo Postal)*

(760) 458-4228

Phone Number *(Numero de Telefono)*

Individual

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

~~Jvr~~ JA cumbre Solar
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Phillip
First Name (Nombre)

Valenzuela
Last Name (Apellido)

Address (Direccion)

JAcumba
City (Ciudad)

CA
State (Estado)

91934
Zip (Codigo Postal)

Phone Number (Numero de Telefono)
760-222-8572

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☒ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev. 10/19)

8-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JVR Solar
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Greg
First Name (Nombre)

Cumat
Last Name (Apellido)

P.O. Box 562
Address (Direccion)

Jacumba
City (Ciudad)

CA
State (Estado)

91934
Zip (Codigo Postal)

619 459-3031
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

Solar

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Audra

First Name *(Nombre)*

Morgan

Last Name *(Apellido)*

Address *(Direccion)*

SD

City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

SD STORM

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

(Rev 10/19)

2-18-21

Date *(Fecha)*

1 ~~S#F~~

Agenda Item # *(Numero de agenda)*

JVR

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

LEAH

First Name *(Nombre)*

Wells

Last Name *(Apellido)*

2504 Railroad St

Address *(Direccion)*

Jacumba

City *(Ciudad)*

CA

State *(Estado)*

91934

Zip *(Codigo Postal)*

Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

08-18-21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

JVR
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Kathryn
First Name (Nombre)

Leidy
Last Name (Apellido)

1237 N Earl Rd.
Address (Direccion)

Decumba
City (Ciudad)

Ca
State (Estado)

91934
Zip (Codigo Postal)

760-805 8250
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/21
Date (Fecha)

1
Agenda Item # (Numero de agenda)

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Ellen
First Name (Nombre)

Woodward-Tayle
Last Name (Apellido)

42075 Old Hwy 80
Address (Direccion)

Jacumba Hot Sp
City (Ciudad)

91934
Zip (Codigo Postal)

619-766-4576
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla):*

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

SPOKE

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8.18.21
Date (Fecha)

#1
Agenda Item #
(Numero de agenda)

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Celia — First Name (Nombre)

Segura — Last Name (Apellido)

44525 Old Hwy 80
Address (Direccion)

Jacumba — City (Ciudad)

CA — State (Estado)

91934 — Zip (Codigo Postal)

619 733 0492
Phone Number (Numero de Telefono)

resident
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

Aug 19 2021
Date (Fecha)

1
Agenda Item #
(Numero de agenda)

JVR Solar Park
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Murphy — First Name (Nombre)

Smith — Last Name (Apellido)

1680 Palma Way
Address (Direccion)

Boulevard — City (Ciudad)

CA — State (Estado)

91905 — Zip (Codigo Postal)

Phone Number (Numero de Telefono)

Friends of the Jacumba Library
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

8.18.21

Date *(Fecha)*

#1

Agenda Item # *(Numero de agenda)*

Jacumba Project

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Michael — First Name *(Nombre)*

Brackney — Last Name *(Apellido)*

3940 Park Blvd #410 — Address *(Direccion)*

San Diego — City *(Ciudad)*

State *(Estado)*

Zip *(Codigo Postal)*

850-226-9344 — Phone Number *(Numero de Telefono)*

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☑ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021

Date *(Fecha)*

1

Agenda Item # *(Numero de agenda)*

JVR Energy Park

Subject *(Titulo de Agenda)*

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Lori — First Name *(Nombre)*

Saldaña — Last Name *(Apellido)*

4211 Conress Ave — Address *(Direccion)*

SD — City *(Ciudad)*

CA — State *(Estado)*

92117 — Zip *(Codigo Postal)*

619 7429855 — Phone Number *(Numero de Telefono)*

Protect Our Communities — Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☑ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021
Date (Fecha)

1
Agenda Item # (Numero de agenda)

Jacumba Solar panel project
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

David
First Name (Nombre)

MOSS
Last Name (Apellido)

/
Address (Direccion)

CA
State (Estado)

91934
Zip (Codigo Postal)

City (Ciudad)

Phone Number (Numero de Telefono)

JCSD
Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

8/18/2021
Date (Fecha)

1 Q
Agenda Item # (Numero de agenda)

Noticed Public Hearing, Proposed Ordinance Changes to Provide Final Engineering Flexibility
Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION

of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

PLEASE PRINT LEGIBLY
(Por favor escribe legible)

Information provided on this form is part of the public record.
(La informacion proporcionada en este formulario es parte del registro publico.)

Cynthia
First Name (Nombre)

Swann
Last Name (Apellido)

1525 Tearose Lane
Address (Direccion)

Jacumba Hot Springs
City (Ciudad)

CA
State (Estado)

91934
Zip (Codigo Postal)

619-318-4037
Phone Number (Numero de Telefono)

Organization or company, if any
(Organizacion o empresa a la que representa, si corresponde)

Check one box below *(Marque una casilla)*:

☒ I would like to speak as an individual. *(Me gustaria comentar como individuo.)*

☐ I do not need to speak if the item is approved on consent.
(No necesito comentar si el articulo es aprobado.)

☐ I would like to register my position, but I do not wish to speak.
(Me gustaria registrar mi puesto, pero no deseo comentar.)

☐ I request to speak as part of an organized presentation.
(Solicito comentar como parte de una presentacion organizada.)
Organized presentations consist of three or more individuals, each of whom must provide substantive testimony. Organized presentations are at the discretion of the Chair. Please attach speaker slips for all speakers.

Spoke

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

	Meeting Date	8/18/2021		
Item	Subject	First	Last	Position
1	NPH: JVR ENERGY PARK MAJOR USE PERMIT			
		Jason	Anderson	S
		Dike	Anyiwo	S
		Kevin	Barrios	S
		Bill	Carnahan	S
		Pamela	Heatherington	O
		Donna	Jones	O
		Tom	Lemmon	S
		Kathleen	Lippitt	O
		Jim	Peugh	O
		Julie	Rentner	O
		Richard	Schulman	O
		Matthew	Vasilakis	S