ORG AMIZED PRESENTATION - SPEAKER **PLANNING COMMISSION** APPLICANT TEAM AGENDA ITEM NO. Subarea REQUEST TO SPEAK IN FAVOR OF PROJECT AS PROPOSED BY APPLICANT PLEASE PRINT LEGIBLY Information provided on this form is part of public record. Brown Organization, if any Check below, as applicable: I would like to speak as an individual. I would like to register my position but I do not wish to speak. I will be speaking as part of an organized presentation. Speakers in order of presentation are listed below. Please check this box if you would like to be notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

PLACE SLIP IN BOX Thank you.





# ORGANIZED DRESENTATION - SPEAKER Z

PLANNING COMMISSION Date 7/9/21  AGENDA ITEM NO. 3
APPLICANT TEAM AGENDAITEM NO. 3
Subarea(if applicable)
REQUEST TO SPEAK
IN FAVOR OF PROJECT AS PROPOSED BY APPLICANT
ACTION OF THE PROPERTY OF THE
PLEASE PRINT LEGIBLY
Information provided on this form is part of public record.
Name: Geoff Follon
Name: Geoff Fallon  First Last  Address: 3200 Oak Ave
Address: 5200 Oak Ave
Manhattan Beach CA 90266 314651004
City State Zip Telephone
Monhattan Beach CA 90266 3146510044  City State Zip Telephone  Boywa r.e. Solar Projects  Organization if any
Organization, if any
Check below, as applicable:
I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.
Chris Brown
Geoff Fallon
Ryan Waterman

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

hearings (if any) on this project.

Please check this box if you would like to be notified of further



PLANNING COMMISSION	Date Sign 2021			
APPLICANT TEAM	AGENDA ITEM NO. 3			
	Subarea(if applicable)			
	(if applicable)			
REQUEST TO	SPEAK			
IN FA	AVOR			
OF PROJECT	AS PROPOSED BY APPLICANT			
PLEASE PRIN	IT LECIPLY			
The property of the second				
Information provided on this form				
Name: Kugur	Waternan			
Address: 3704 Wave	Waterna - Last runa Dr.			
Son Siego CA	92107 619.341.4			
City State	Zip Telephone			
Son Siego CA City State  Brown Stein Hyeth	Forber Schreck, LL			
Organization, if any				
Check below, as applicable:				
I would like to speak as an indi	ividual.			
I would like to register my pos	ition but I do not wish to speak.			
I will be speaking as part of an	organized presentation.			
Speakers in order of presentati				
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Chris Brown Coeuff Fallo. Ryan Water	no-			
	ould like to be notified of further			
PLEASE SEE GUIDE FOR SPEA	KERS ON REVERSE			
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Thank you.				

(3)

Date 7/9/2/
AGENDA ITEM NO. 3

Subarea (if applicable)



REQUEST TO SPEAK

# **IN FAVOR**

OF PROJECT AS PROPOSED BY APPLICANT

### **PLEASE PRINT LEGIBLY**

Information provided	on this form	is part of public	record.
Name: Cristin	a A	Marque	7
Address: 4545 V	iewrid	ge Ave	
San Diego	CA	92123	619 30215
IBEW 569	State	Zip	Telephone
Organization, if any  Check below, as applicable   I would like to specific like to regiment   I will be speaking   Speakers in order	eak as an ind lister my pos as part of ar	ition but I do not organized prese	entation.
Please check this	box if you w	ould like to be n	otified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

PLACE SLIP IN BOX Thank you.



Date 7/9/21
AGENDA ITEM NO. 8
Subarea

(if applicable)



REQUEST TO SPEAK

# **NEUTRAL**

OF PROJECT AS PROPOSED BY APPLICANT

### PLEASE PRINT LEGIBLY

Information	n provided on the	nis form is pa	ert of public reco	ord.
Name: David	2	Brei	eckner	
Address: )) F	rontare	Last P.D.	Po Rox	c 430
Ocofillo	(A	9225	9 760	358 2016
City	State	Zip	Telephone	-
Imperial V	allen D	esert	Miseu	_
Organization, if any				
Check below, as appli	cable:			
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<del></del>	- 100	-		
Please check	this box if you v	vould like to	be notified of fu	rther
	ny) on this proje			

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



# CHAIR OF CSG

#### PLANNING COMMISSION

AGENDA ITEM NO. 3
Subarea



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.
Name: Cherry Dietenbach
Address: \$7912 Pine Blyd
Pine Valla, (A 91962 619-743-52
City / State Zip Telephone
Jacumba Spansor Group
Organization, if any
Check below, as applicable:
I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.
Please check this box if you would like to be notified of further hearings (if any) on this project.

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AGENDA ITEM NO. 3



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

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Name:	leff		OSWOY	ne	
	First		Last	12/1/20	
Address:_	44500	OLD	HIGH	WAY	80
JAC	UMBA	CA O	11934	619-	76
City	utu-	State V	Zip	Telephone	
Organization,	if any				
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	lease check this b earings (if any) or		d like to be no	tified of furti	her

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



Date 792 AGENDA ITEM NO. 3
Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### **PLEASE PRINT LEGIBLY**

Information provided on this form is part of public record.
Name: Michael MARCHAND
Address: 44726 81d Hwy 80
locument (A 9193/4
State Zip Telephone
Organization, if any
Check below, as applicable:
twould like to speak as an individual.  I would like to register my position but I do not wish to speak.
I will be speaking as part of an organized presentation.
Speakers in order of presentation are listed below.

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

Please check this box if you would like to be notified of further

hearings (if any) on this project.

AGENDA ITEM NO. Subarea \_\_\_



REQUEST TO SPEAK

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### **PLEASE PRINT LEGIBLY**

	intormation	provided on tr	ils form is part of	r public record.
Name:	Shirle	Ly	Perez	
	First	1	Last	
Address	4472	16 012	Hwy 80	
\				
Jace	mbo	at	91934	619.987.
City		State	Zip	Telephone
Organizatio	on, if any	THE THEORY	ALVER SHOWING THE	
Check be	elow, as applica	able:		
-1				
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	I will be speaki	ng as part of a	n organized pres	entation.
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PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

**PLACE SLIP IN BOX** Thank you.



Date	1191	12021
AGENDA	ITEM N	3
Subarea		
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REQUEST TO SPEAK

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

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Information provided on this form is part of public record.

Name:	Grea		Currai	1	
Address:	P.O. Bo	ox 562	Last		
Jacu	mbq			619 459-30	037
Tacus Organization, I	mba Cot	state nmanity	zip y Syonsot	Group	
	w, as applical	ule:			
		peak as an ind		et wish to speak.	
☐ I w	vill be speakin	g as part of an	organized pres	entation.	
			* 1		
		s box if you w on this projec		notified of further	

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



AGENDA ITEM NO. 3

Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.
Name: Tanya A (au)  First Last
Address: P. O. Box 381
Jacumha Hot Springs CA 919
City State Zip Telephone 779-779
Organization, if any
Check below, as applicable:
I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.
Please check this box if you would like to be notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

PLACE SLIP IN BOX Thank you.



Date	119	2021
AGENDA	ITEM NO.	3
Subarea		
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REQUEST TO SPEAK

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

pformation provided on this form is part of public record.
Name: MAYNMN LCIOG
Address: 1997 N Raifwood St
Dacumba Ca 91934
State Zip Telephone
Organization, if any
Check below, as applicable:
I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

AGENDA ITEM NO.

Subarea

(if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

### **PLEASE PRINT LEGIBLY**

Information p	provided on t	his form is part of	f public record.
Name: 1185a		Stru	Kel
Address: 44560	017 14	Tast	80
Jacumba	Ca	91934	(6/9-994
City	State	Zip	Telephone
Organization, if any			
Check below, as applicat	ole:		
	gister my po g as part of a	sition but I do no n organized pres	entation.
hearings (if any)			notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

PLACE SLIP IN BOX Thank you.

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AGENDA ITEM NO. 3
Subarea



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.
Name: David McMannus  First Last
First
Address: 44672 El Centro Ave - Box 184
Jacumba, CA 91934 (619) 991-416. City State Zip Telephone
City State Zip Telephone
Organization, if any
Check below, as applicable:
I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.
Donna Jones
Please check this box if you would like to be notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



AGENDA ITEM NO. 3



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

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Name:	ALA SD	AR !	MDLLA Last	RNE	_
Address	1916	LAHOL	10 DRI	VE	
CA	RDIFF	CA	92007	760 580	451
City		State	Zip	Telephone	
	elow, as applicable would like to sp I would like to real will be speaking Speakers in order	eak as an indi gister my posi g as part of an	ition but I do no organized pres	entation.	eak.
	Please check this hearings (if any)			notified of fu	rther

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

AGENDA ITEM NO. 3

Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

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Name: lelia		Sigmo	i
Address: 44525	OLD H	my 80	A GELLANDING
Jacumba	CH	91934	619.733.04
City	State	Zip	Telephone
San Dries St. Organization, if any	ete llu	iversity	
Check below, as applicab	le:		
I would like to spe I would like to reg I will be speaking Speakers in order	gister my po as part of	osition but I do r an organized pro	
Please check this hearings (if any)			notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



AGENDA ITEM NO. 3

Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.				
Name:	First	4 4	Hane	25
Address	365 /	Mullet	4	
Fost	er City	de	94404	650-922-2
City	/	State	Zip	Telephone
	elow, as applicated would like to so I would like to real will be speaking Speakers in order	peak as an ind egister my pos ig as part of an	ition but I do n organized pre	
	Please check th			notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE



Date 7/9/2021

AGENDA ITEM NO. 3

Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

Information prov	vided on ti	his form is par	t of public record.
Name: CORBIN	U	UINTE	ERS
Address: 44415	CF	Last FLEXI	CO AVE.
Name: CORBIN First 44415  JACUMBA City	CA	9193	4 977-27
City	State	Zip	Telephone
I would like to spea I would like to regis will be speaking a Speakers in order o	iter my po s part of a	sition but I do n organized pr	resentation.
Please check this b	oox if you	would like to b	e notified of further

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

PLACE SLIP IN BOX Thank you.



AGENDA ITEM NO. 3

Subarea \_\_\_\_\_(if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

PL	EASE PR	RINT LEGIE	BLY			
Information pr	ovided on	this form is	part of	public re	ecord.	
Name: SANDRA		Ch	Appe	ell		
Address: 44726	OLD	Huy 80	#	13		
Jacumba H.S.	CA	919	134	(619)6	72-57	35
City	State	Zip	(	Telephon	<u>e</u>	
Organization, if any						
Check below, as applicable	e:					
I would like to specific to sp	ister my p as part of of present estima  Loday, mal  EARANG box if you	position but an organize tation are list will so with some of the control of the	ed presented below metrope on to be n	entation.  ow.  purch  ruch  ril  7.7 Reported	Dava Hzo socted further	result
PLEASE S	PLACE	SLIP IN BOX	gal	ve (	ner sand	Linus Linus

Date 07 09 21
AGENDA ITEM NO. 3
Subarea



REQUEST TO SPEAK

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.

Vatalie First Last

3 Boundary CVK. Rd

City	State	Zip	Telephone	
Janumba	CA	91924		)450-427

Organization, if any

Check below, as applicable:

」I would like to speak as an individual.
I would like to register my position but I do not wish to speak.
I will be speaking as part of an organized presentation.
Speakers in order of presentation are listed below.

Please check this box if you would like to be notified of further hearings (if any) on this project.

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

AGENDA ITEM NO. Subarea (if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### **PLEASE PRINT LEGIBLY**

	Information	provided on thi	s form is p	art of public record.
Name:	First	1	Last	#
Address:	438	350 1	4my	80
City	un A	State	Q/C	734 (19- Telephone 806
Organizatio	n, if any		SAVE U	THE PERSON NAMED IN
Check be	low, as applical	ble:		
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PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

Date 71912021 AGENDA ITEM NO. Subarea \_\_ (if applicable)



REQUEST TO SPEAK

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

Information provided on this form is part of public record.

Nam	e: LINDA CHURCHILL  First Last
	First Last
Add	ress: Po Box 413
C	JAZVMBA CA 91934 State Zip Telephone
City	State Zip Telephone
	619871-4561
Orgar	nization, if any
Ched	I would like to speak as an individual.  I would like to register my position but I do not wish to speak.  I will be speaking as part of an organized presentation.  Speakers in order of presentation are listed below.
	Please check this box if you would like to be notified of further hearings (if any) on this project.

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

AGENDA ITEM NO. Subarea



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

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Name:	morting		Picha	JAS .
Address:	First UNSC	N Old	Huy &	)
Jacum	Ma	CA	91934	760-216-08
City		State	Zip	Telephone
Ø v □ i v	ould like to r	ng as part of a		

Please check this box if you would like to be notified of further hearings (if any) on this project.

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE

Date 7/9/202/
AGENDA ITEM NO. 3

Subarea \_\_\_\_\_(if applicable)



**REQUEST TO SPEAK** 

# IN OPPOSITION

OF PROJECT AS PROPOSED BY APPLICANT

#### PLEASE PRINT LEGIBLY

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Address	4 CT	) E	Last	ntro	> /
10	comb	26	HG	1964	51
City		State	Zip	Telephone	
Organizatio	on, if any	SSNS No.			
Check b	elow, as applicab	ole:			
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<u> </u>	Please check thi			A161 - 1 - 6 6	

PLEASE SEE GUIDE FOR SPEAKERS ON REVERSE