

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 3/17/17 Agenda #: 16.4

SPEAKER'S NAME: Nancy Varela  
(Print Name)

Address: 19031 Avenue C  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: (909)647-3155 Email: narela29@yahoo.com

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Nancy Varela  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 4-13-17 Agenda #: ~~16.1~~ ~~16.2~~ 16.4

SPEAKER'S NAME: Stephen Francis  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: Riverside, CA. Zip: 92504

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 3/14/17 Agenda #: 16.4

SPEAKER'S NAME: Ted Weggeland  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

6 min.

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: Lee Cussins  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: May 23 Agenda #: 1601

SPEAKER'S NAME: DAVID NELSON  
(Print Name)

Address: 17018 HIDALGO DRIVE  
(Only required if follow-up mail response is requested)

City: PERRIS Zip: 92570

Phone #: 602-635-8557 Email: \_\_\_\_\_

I AM: SORRY

~~The Applicant~~

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

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Date: May 23 2017 Agenda #: 16.1

SPEAKER'S NAME: Paula Miller  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

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 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: MAURICEA MARTINEZ  
(Print Name)

Address: 21600 BAILEY ST  
(Only required if follow-up mail response is requested)

City: DEKENS Zip: 92570

Phone #: 951 570 0828 Email: \_\_\_\_\_

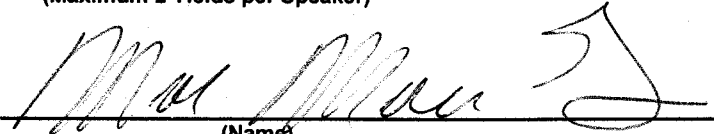
I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

6 min.

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 161

SPEAKER'S NAME: Ellen Brasee  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: 951-545-0555 Email: ebrasee@roadrunner.com

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed



9 mins

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 23 May 2019 Agenda #: 16-1

SPEAKER'S NAME: ADD GRELL  
(Print Name)

Address: 19828 Smith Rd. Lake Mathews  
(Only required if follow-up mail response is requested)

City: LAKE MATHES Zip: 92570

Phone #: 951-780-2919 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: \_\_\_\_\_ Agenda #: 16-1

SPEAKER'S NAME: JERRY GRELL  
(Print Name)

Address: 19828 Smith Rd  
(Only required if follow-up mail response is requested)

City: LAKE MATHEWS Zip: 92570

Phone #: 951-780-2919 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

AND GRELL  
\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 23 Mar 2017 Agenda #: 16-1

SPEAKER'S NAME: MEG CHRISTENSEN  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

AND GREN  
\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

9 minutes

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: MAY 23, 2017 Agenda #: 16.1

SPEAKER'S NAME: JOHN ROTH  
(Print Name)

Address: 21450 JUNIPER ROAD  
(Only required if follow-up mail response is requested)

City: CAVIRIAN HILLS Zip: 92570

Phone #: 951-789-0409 Email: \_\_\_\_\_

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 04-23-17 Agenda #: 16.1

SPEAKER'S NAME: Mike Miller  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

- I AM:**
- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

John Roth  
(Name)

- Position on Agenda Item:**
- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23 Agenda #: 16.1

SPEAKER'S NAME: CLAYTON RYTCH  
(Print Name)

Address: 16240 PANSY ST  
(Only required if follow-up mail response is requested)

City: PARIS Zip: 92570

Phone #: 951-657-4898 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

John Rytch  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

9min

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23 Agenda #: 16-1

SPEAKER'S NAME: Debbie WALSH  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: LA Mead Valley Zip: 92549

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 05-23-2017 Agenda #: 16.1

SPEAKER'S NAME: PEGGY MILLER  
(Print Name)

Address: 22075 NANCE ST, PERRIS  
(Only required if follow-up mail response is requested) 92570

City: PERRIS Zip: 92570

Phone #: 951-943-1211 Email: clouderm@

I AM:

The Applicant

A Neighbor  
yahoo.

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Debbie WALSH  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

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Date: 05-23-2017 Agenda #: 16-1

SPEAKER'S NAME: RAY MILLER  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

DEBBIE WALSH  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: Sandra Rytch  
(Print Name)

Address: 16240 Pansy St.  
(Only required if follow-up mail response is requested)

City: Lake Mathews Zip: 92570

Phone #: 951-657-4898 Email: RKNRRNCIT  
@AOK.GOV

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Debbie Walsh  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: \_\_\_\_\_

SPEAKER'S NAME: Tina Ricketts  
(Print Name)

Address: 16517 Rancho Esccondido Dr.  
(Only required if follow-up mail response is requested)

City: Riv. / Woodcrest Zip: 92506

Phone #: 951 780-8166 Email: thericketts@

gmail.com

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

J

(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 05/23/2017 Agenda #: 167

SPEAKER'S NAME: AGNES L. WEBB / KENNETH PARKER  
(Print Name)

Address: 18750 MARKHAM ST.  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: (951) 785-8776 Email: Firdauslaid@serviceatyour.com

- PAM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Kenneth Parker CARE OF AGNES  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 05/23/2017 Agenda #: 16-1

SPEAKER'S NAME: MERLINE DECHOUETTE  
(Print Name)

Address: 18540 MARKHAM ST.  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: (951) 780-2669 Email: \_\_\_\_\_

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Merline Dechouette  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

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Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Adel Salim  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92504

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: STEVE RAPP  
(Print Name)

Address: 19465 MAIPOSA AVE  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: 951 538 1205 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  ~~I DO NOT wish to speak~~ YES TO SPEAK  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

[Signature]  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1

SPEAKER'S NAME: Julia Doty  
(Print Name)

Address: 21905 Lake Mathews Drive  
(Only required if follow-up mail response is requested)

City: Lake Mathews Zip: 92570

Phone #: 951-780-0604 Email: julia@doty.net

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Julia Doty Julia Doty  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed



RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Teri Leavitt Rapp  
(Print Name)

Address: 19465 Mariposa  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951-531-0677 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Teri Leavitt Rapp  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

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Date: 04-23-17 Agenda #: 16.1

SPEAKER'S NAME: Debbie Salem  
(Print Name)

Address: 19415 Harley John Rd  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor
- Neutral
- Opposed

9 min.

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: John L. Minnella  
(Print Name)

Address: 19464 Kildeer Ct.  
(Only required if follow-up mail response is requested)

City: Cake Mothers Zip: 92570

Phone #: 714/543-9005 Email: \_\_\_\_\_

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Carol Kinsey  
(Print Name)

Address: 17266 Gardner Ave.  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: 951 989-8909 Email: CDKINSEY @ PacBell Net

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

John L. Minnella

(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: CAROL GARLAND  
(Print Name)

Address: 16080 MULTIVIEW DR  
(Only required if follow-up mail response is requested)

City: LAKE MATHEWS Zip: 92570

Phone #: 951-780-9336 Email: FIESTYNCA@A02.COM

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

JOHN MINNELLA  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Robert Kinsey  
(Print Name)

Address: 17266 Gardner Ave.  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: 9517890909 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

John L. Minibella  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: May 23, 2017 Agenda #: 16-1

SPEAKER'S NAME: TERRIE McCANDLISH  
(Print Name)

Address: 19488 KILLDEER CT.  
(Only required if follow-up mail response is requested)

City: POHAKIS Zip: 92570

Phone #: 951-776-0577 Email: TERRIE@PHAKIS.COM

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Johanna Minicelli  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: May 23, 2017 Agenda #: 16-1

SPEAKER'S NAME: Robb McCannelli  
(Print Name)

Address: 19488 KULLDAVE CT.  
(Only required if follow-up mail response is requested)

City: PERRIS Zip: 92570

Phone #: 951-776-0522 Email: rmccannelli@att.net

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

JOHN MINIELLA  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed



16-1

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/22/2017 Agenda #: 16-1

SPEAKER'S NAME: Alex Bohanek  
(Print Name)

Address: 17150 Frankland Lane  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

6 min.

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: ART CASSEZ  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: CA

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

ART CASSEZ  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: WAYNE BARIVES  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

ART CASSEL  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23 Agenda #: 16-1

SPEAKER'S NAME: Paulette Love  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23, 2017 Agenda #: 16-1

SPEAKER'S NAME: ROLAND ROGERS  
(Print Name)

Address: 19880 MARKHAM ST  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: 951-780-7001 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Roland Rogers  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16.1

SPEAKER'S NAME: Lindsay Robinson  
(Print Name)

Address: 28399 Black Oak  
(Only required if follow-up mail response is requested)

City: Moreno Valley Zip: 92555

Phone #: 951-485-7776 Email: LR92555@gmail.com

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16.1 GPA 1196

SPEAKER'S NAME: Anjanette Anzaldi  
(Print Name)

Address: 18535 Granite Ave  
(Only required if follow-up mail response is requested)

City: Riv Zip: 92508

Phone #: 951-212-3507 Email: bagstrakgir41@gmail

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Anjanette Anzaldi  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Amin

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

GPA 1196

Date: 5/23/17 Agenda #: 16-7

SPEAKER'S NAME: Nancy Varela  
(Print Name)

Address: 19031 Avenue C  
(Only required if follow-up mail response is requested)

City: Perris Zip: 925092570

Phone #: 9096473155 Email: nvarela29@yahoo.com

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Gayle Venegas  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Nancy Varela  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1 GPA190

SPEAKER'S NAME: NANCY VA STAN WALLACE  
(Print Name)

Address: 19827 MARIPOSA AVE.  
(Only required if follow-up mail response is requested)

City: RIV. Zip: 92508

Phone #: 951-202-9555 Email: WALLACE POOLS  
@GMAIL.COM

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

NANCY VARELA  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

6 min.

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: MAY 23 2017 Agenda #: 16-1

SPEAKER'S NAME: MICHAEL PARHAM  
(Print Name)

Address: 19461 NUT HATCH ST  
(Only required if follow-up mail response is requested)

City: PERDIS Zip: 92570

Phone #: 909 227-5369 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

MA  
\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

16-1

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 052317 Agenda #: 16-1

SPEAKER'S NAME: Richard Gutierrez  
(Print Name)

Address: 18310 Cote Lane  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951-515-9274 Email: Richard@stuccoconcepts.com

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Michael Parham  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

6min

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Laurie Sabo  
(Print Name)

Address: 19120 Sterling Hill Ln  
(Only required if follow-up mail response is requested)

City: Pems Zip: 92570

Phone #: 949-887-7538 Email: LaurLee44@gmail.com

- I AM:**
- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Barbara Stevens  
(Print Name)

Address: 19115 Sterling Hill  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951-776-9011 Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Laurie Sabo  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: Amber Loria Thwaites  
(Print Name)

Address: 18361 Hibiscus Ave  
(Only required if follow-up mail response is requested)

City: Riv Zip: 92508

Phone #: 909-319-4450 Email: ajloria45@yahoo.com

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5.23 2017 Agenda #: 16-1

SPEAKER'S NAME: PETE MEINE  
(Print Name)

Address: 17828 GUSTIN LN  
(Only required if follow-up mail response is requested)

City: PERRIS Zip: 92570

Phone #: 714-290-1812 Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Pete Meine  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Fernando Hurtado  
(Print Name)

Address: 18720 Malkoha St  
(Only required if follow-up mail response is requested)

City: Ferris Zip: 92570

Phone #: (951)206-8505 Email: Fhurtado971@

MSN.COM

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Jonathan HURD  
(Print Name)

Address: 19846 CUSTIN LAKE  
(Only required if follow-up mail response is requested)

City: PELLIS Zip: 92570

Phone #: 951 465-1141 Email: Jonathan.Hurd@rcsbos.org

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Jonathan Hurd  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 161

SPEAKER'S NAME: Theodora Perkid  
(Print Name)

Address: 17354 Gardner Ave  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: 951-323-6102 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Theodora Perkid  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**

**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16.1

SPEAKER'S NAME: Gerald Katz  
(Print Name)

Address: 23139 Gertrude Ave.  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951 436 3402 Email: geraldkatz2000@gmail.com

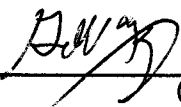
**I AM:**

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Genevieve Huntz  
(Print Name)

Address: 18720 Malkohe St.  
(Only required if follow-up mail response is requested)

City: PERRIS Zip: 92570

Phone #: (951) 398-7616 Email: brn5luck@hotmail.com

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Genevieve Huntz  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

Cemini

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1 H96

SPEAKER'S NAME: Sonya Atemdar  
(Print Name)

Address: 18905 Gentian Avenue  
(Only required if follow-up mail response is requested)

City: Riverside Woodcrest Zip: 92508

Phone #: 951 892 8897 Email: \_\_\_\_\_

sonyaatemdar0424@gmail.com

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

GPA 1196

Date: 5/23/17 Agenda #: 10-1

SPEAKER'S NAME: Kevin Varela  
(Print Name)

Address: 19031 Avenue C  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 9096473155 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Sonya Alemdar  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16.1

SPEAKER'S NAME: Laurie Taylor  
(Print Name)

Address: 14679 Descanso Dr  
(Only required if follow-up mail response is requested)

City: Lake Mathews Zip: 92570

Phone #: \_\_\_\_\_ Email: tmarabians @ earthlink.net

- I AM:**
- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor  Neutral  Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Claudia M. Rood  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: No2 Rezoning

SPEAKER'S NAME: Kathryn McCormick  
(Print Name)

Address: 13240 Granite Ave.  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951 776-9441 Email: kathryn04@att.net

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5 23 17 Agenda #: 16-1

SPEAKER'S NAME: ALAN COBB  
(Print Name)

Address: 18380 GLASS MTDN  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92504

Phone #: 951 990 8822 Email: ALANCOBB888@GMAIL.COM

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Alan Cobb

(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16.2

SPEAKER'S NAME: hannie Taylor  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: Lake Mathews Zip: 92570

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/19 Agenda #: ~~17210~~

SPEAKER'S NAME: Irma Flores  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1

SPEAKER'S NAME: Genevieve Hurtado  
(Print Name)

Address: 18720 MALKOHA ST.  
(Only required if follow-up mail response is requested)

City: PERRN Zip: 92570

Phone #: (951) 398-7610 Email: Gen5Luck@hotmail.com

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Sonya Alemdar  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1

SPEAKER'S NAME: Joshua Topps  
(Print Name)

Address: 18905 Gentian Avenue  
(Only required if follow-up mail response is requested)

City: Woodcrest Zip: 92508

Phone #: 9518928897 Email: \_\_\_\_\_

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: SUZAN Scott  
(Print Name)

Address: 19846 Gustin Ln  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951-315-6864 Email: Suzie-Sue@ATT.NET  
.Net

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Suzan Scott  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed



RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Deanne Barsi  
(Print Name)

Address: 18750 Ravenwood Dr.  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951.398.7751 Email: dbarsi@att.net

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Deanne Barsi  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1

SPEAKER'S NAME: LOURDES LIERA  
(Print Name)

Address: 18881 AUG C  
(Only required if follow-up mail response is requested)

City: PERRIS CA Zip: 92570

Phone #: (951) <sup>532-</sup> ~~702~~ - 6439 Email: \_\_\_\_\_

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

LOURDES LIERA  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2017 Agenda #: 16-1

SPEAKER'S NAME: Denis Liera  
(Print Name)

Address: 18801 AVE C  
(Only required if follow-up mail response is requested)

City: VERRIS CA. Zip: 92570

Phone #: (951) 532-6439 Email: \_\_\_\_\_  
(cell)

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Denis Liera  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: MAY 23, 2017 Agenda #: 16-1

SPEAKER'S NAME: BARBARA STEELE  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: FRANK C. STEELE  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 161

SPEAKER'S NAME: WALTER THORNTON  
(Print Name)

Address: 18748 COCT ST  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: 951-575-6393 Email: WALLYTE@AOL.COM

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

REZONE RIVERSIDE  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: BETTY L. BRICENO  
(Print Name)

Address: 22277 SCOTT WY  
(Only required if follow-up mail response is requested)

City: Perris, Ca Zip: 92570

Phone #: 951-489-7828 Email: betty1186@gmail.com

I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

Sonia Alendar  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 3-23-17 Agenda #: 161

SPEAKER'S NAME: Cesar Max  
(Print Name)

Address: 18751 Cole Ave  
(Only required if follow-up mail response is requested)

City: Peris Zip: 92510

Phone #: (909) 936-4155 Email: cmova3369@Verizon.net


I AM:

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-18 Agenda #: 16-1

SPEAKER'S NAME: Maria Mora  
(Print Name)

Address: 18751 Cole Ave  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: (909) 238-9130 Email: Cmora3369@gmail.com

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 05-23-17 Agenda #: 16-1

SPEAKER'S NAME: Hector Aboytes  
(Print Name)

Address: /  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 05-23-17 Agenda #: 16-1

SPEAKER'S NAME: Marco Aboytas  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 116-1

SPEAKER'S NAME: Naharai Aguilar  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 05/23/17 Agenda #: 16-1

SPEAKER'S NAME: Dennise Aboyster  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Marina Aboytes  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Maria Gonzalez  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Sarah Calvert  
(Print Name)

Address: 19063 Spalding ave  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951-258-1362 Email: sarahcalvert7@gmail.com

**I AM:**

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor
- Neutral
- Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**

**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Jeffrey Calvert  
(Print Name)

Address: 19063 Saldina ave  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951-258-1343 Email: calvert96@gmail.com

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: May 23, 2017 Agenda #: 161

SPEAKER'S NAME: Jordan Hazzil  
(Print Name)

Address: 20885 Myron St  
(Only required if follow-up mail response is requested)

City: Rancho Zip: 92570

Phone #: (951) 575-5106 Email: JG114RCP327@AT&T.net

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 161

SPEAKER'S NAME: GONZALEZ OSCAR  
(Print Name)

Address: 19260 LORIN AVE.  
(Only required if follow-up mail response is requested)

City: RIVERSIDE Zip: 92508

Phone #: 951 2849269 Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

OSCAR GONZALEZ  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**

**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23 Agenda #: 161

SPEAKER'S NAME: KEDEAN COPELAND  
(Print Name)

Address: 20885 ITRON  
(Only required if follow-up mail response is requested)

City: PERRIS Zip: 92570

Phone #: \_\_\_\_\_ Email: KEDEAN7@AOL.COM

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 116-1

SPEAKER'S NAME: LORALYNN HUFF  
(Print Name)

Address: 1  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: 92504

Phone #: (714) 412-7333 Email: lorahuffe

I AM:

The Applicant

sbcglobal.net

A Neighbor

Applicant's Representative

Other Interested Party

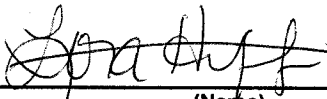
PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:

(Maximum 2 Yields per Speaker)

  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: May 23 Agenda #: No Rezoning<sup>16-1</sup>

SPEAKER'S NAME: NORA AGHASSI  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504


Phone #: 951-675-8162 Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: \_\_\_\_\_ Agenda #: 16-1

SPEAKER'S NAME: DEBORAH SIMPSON  
(Print Name)

Address: 18727 COLK AVE  
(Only required if follow-up mail response is requested)

City: PRERES Zip: 92570

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/2011 Agenda #: 16-1

SPEAKER'S NAME: SCOTT M SIMPSON  
(Print Name)

Address: 18227 COLE AVE  
(Only required if follow-up mail response is requested)

City: PALMIS Zip: 92570

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: KRIS HUFF  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor
- Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

/  
\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Chusea Parkam  
(Print Name)

Address: 19461 Nuttatch St  
(Only required if follow-up mail response is requested)

City: Ferris Zip: 92570

Phone #: 951 231 0300 Email: chonep23@gmail.com

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak  I DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Lisset Martinez  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Nicole Calvert  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Jason Calvert Agenda #: 16-1

**SPEAKER'S NAME:** Jason Calvert  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

- I AM:**
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:**
- In Favor
  - Neutral
  - Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 14-1

SPEAKER'S NAME: Jarod King  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 116-1

SPEAKER'S NAME: Jason Callaway  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Danny Alaniz  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation  
 I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
**Request to Speak**

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 1641

SPEAKER'S NAME: MIKE CASTRO  
(Print Name)

Address: \_\_\_\_\_  
(Only required if follow-up mail response is requested)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I AM:**

- The Applicant
- A Neighbor
- Applicant's Representative
- Other Interested Party

**PLEASE INDICATE YOUR POSITION BELOW:**

- I wish to speak  I DO NOT wish to speak
- I wish to speak with a Media Presentation
- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

**Position on Agenda Item:**

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: LONDON SHARP  
(Print Name)

Address: 20249 Tonia Court  
(Only required if follow-up mail response is requested)

City: Lake Matthews Zip: 92576

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

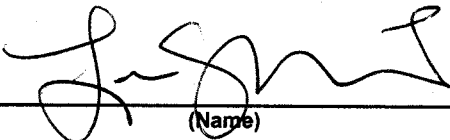
I AM:

- The Applicant  A Neighbor  
 Applicant's Representative  Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak  I DO NOT wish to speak  
 I wish to speak with a Media Presentation

- I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-17

Agenda #: 16-1

SPEAKER'S NAME: Betty Shirey

(Print Name)

Address: 18770 Cable Lane

(Only required if follow-up mail response is requested)

City: Perris

Zip: 92570

Phone #: 951-287-4195

Email:

I AM:

The Applicant

A Neighbor

Applicant's Representative

Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

I wish to speak

DO NOT wish to speak

I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:

(Maximum 2 Yields per Speaker)

Betty Shirey  
(Name)

Position on Agenda Item:

In Favor

Neutral

Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS

Request to Speak

Submit request to the Clerk of Board. Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

Date: 5-23-16 Agenda #: 16-1

SPEAKER'S NAME: TIM SHREVE  
(Print Name)

Address: 18770 Cable Ln  
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951-287-4195 Email: tshir292@gmail.com

- I AM:
- The Applicant
  - A Neighbor
  - Applicant's Representative
  - Other Interested Party

PLEASE INDICATE YOUR POSITION BELOW:

- I wish to speak
- I DO NOT wish to speak
- I wish to speak with a Media Presentation

I YIELD my 3 minutes to the following speaker:  
(Maximum 2 Yields per Speaker)

\_\_\_\_\_  
(Name)

- Position on Agenda Item:
- In Favor
  - Neutral
  - Opposed