

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: Phil Kyre
(Print Name)

Address: 17770 Wood Rd
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 442 4009211 Email: PhilKyre@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

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

SPEAKER'S NAME: Krystle Rowe
(Print Name)

Address: 20244 TONIA COURT
(Only required if follow-up mail response is requested)

City: Lake Mathews Zip: 92570

Phone #: 909-815-9553 Email: _____

I AM:

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

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

Horne
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5-23-17 Agenda #: 16-1

SPEAKER'S NAME: Stacey Hausman
(Print Name)

Address: 17275 Dausby Ct.
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951-656 6739 Email: _____

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

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(Maximum 2 Yields per Speaker)

(Name)

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

10-1

RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: May 23, 17 Agenda #: 16-1

SPEAKER'S NAME: Yelgi Minnella
(Print Name)

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

City: Dorris CA Zip: _____

Phone #: (657) 445-0420 Email: agapelife24@gmail.com

I AM:

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

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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)

John Minnella
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS
Request to Speak

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Date: _____ Agenda #: 161

SPEAKER'S NAME: Christy Greene
(Print Name)

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

City: Woodcrest Zip: _____

Phone #: _____ Email: _____

I AM:

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

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(Maximum 2 Yields per Speaker)

Ann Grell
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5/23/17 Agenda #: 16-1

SPEAKER'S NAME: Walter Ortega
(Print Name)

Address: 20951 Myron St.
(Only required if follow-up mail response is requested)

City: Perris CA. Zip: 92570

Phone #: _____ Email: _____

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

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(Maximum 2 Yields per Speaker)

Walter Ortega
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5/23/10 Agenda #: 16.1
6PA1196

SPEAKER'S NAME: Alba E. Peña
(Print Name)

Address: 19290 DALLAS AVE
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

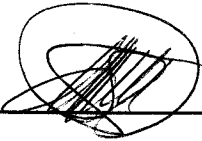
Phone #: 951 232 5343 Email: Alba.Pena1@gmail.com

I AM:

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

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- I wish to speak I DO NOT wish to speak
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(Maximum 2 Yields per Speaker)

Alba Peña 
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

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Date: 5/23/2017 Agenda #: 1617

SPEAKER'S NAME: _____
(Print Name)

Address: 24455 Summit
(Only required if follow-up mail response is requested)

City: Perkins Zip: 92570

Phone #: 323-898-5011 Email: J.K. Young, D & Mail Co

I AM:

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

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(Maximum 2 Yields per Speaker)

J.K. Young
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

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Date: 5/23/17 Agenda #: 16.1

SPEAKER'S NAME: Karen Anderson
(Print Name)

Address: 15707 Wood Rd
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92508

Phone #: 951-756-1020 Email: Karen519@live.com

I AM:

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

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(Maximum 2 Yields per Speaker)

(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5-23 Agenda #: 16.1
GPA 1196

SPEAKER'S NAME: Dan Lowe
(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 YIELD my 3 minutes to the following speaker:
(Maximum 2 Yields per Speaker)

Dan Lowe
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

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Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: MARK A. DOTY
(Print Name)

Address: 21905 LAKE MATHEWS DR
(Only required if follow-up mail response is requested)

City: Ferris Zip: 92570

Phone #: 9517800604 Email: mark@doty.net

I AM:

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

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(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

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Date: 5-23-17 Agenda #: UB 7

SPEAKER'S NAME: Ruben Saenz Jr.
(Print Name)

Address: 16278 Regency Ranch Rd.
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: 951-789-1853 Email: DakotaDube@yahoo.com

I AM:

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

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- 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)

Ruben Saenz Jr.
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5-23-17 Agenda #: 167

SPEAKER'S NAME: CAROL SAENZ
(Print Name)

Address: 16278 Regency Ranch Rd
(Only required if follow-up mail response is requested)

City: Riverside Zip: 92504

Phone #: (951) 789-1853 Email: _____

I AM:

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

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- 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)

Carol Saenz
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

**RIVERSIDE COUNTY BOARD OF SUPERVISORS
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Date: 5-23-2013 Agenda #: 167
6 PA 1196

SPEAKER'S NAME: ANA MARIA RUGER
(Print Name)

Address: 22175 LAKE MATHER
(Only required if follow-up mail response is requested)

City: GAULIAN Hill Zip: 92571

Phone #: 310-5057208 Email: _____

I AM:

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

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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
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Date: 5-23-2013 Agenda #: 167 GPA 1196

SPEAKER'S NAME: TONY RIVERA
(Print Name)

Address: 22175 LAKE MATTHEW
(Only required if follow-up mail response is requested)

City: GAVILAN MIL Zip: 92571

Phone #: 310-5057208 Email: _____

I AM:

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

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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

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

SPEAKER'S NAME: Darrin L Pierce-Wainb
(Print Name)

Address: 19427 Spirit Trail Dr
(Only required if follow-up mail response is requested)

City: Perris Zip: 92570

Phone #: 951 743-7182 Email: _____

I AM:

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

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

(Name)

Position on Agenda Item:

- In Favor Neutral Opposed

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Date: 5-23-17 Agenda #: 16.1

SPEAKER'S NAME: D. Fabiola M Ruan
(Print Name)

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

City: _____ Zip: _____

Phone #: (951) 591-2304 Email: RUAN70@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)

~~Debbie Walsh~~
(Name)

Position on Agenda Item:

- In Favor Neutral Opposed