

MINUTES OF THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



**PUBLIC COMMENT:**

**1-0**

During the oral communication section of the agenda for Tuesday, June 13, 2017, Denize Wilson, Steve Main, Brad Elliott and Kristin Gillian spoke regarding Desert Jet.

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**ATTACHMENTS FILED WITH  
CLERK OF THE BOARD**

**AGENDA NO.  
1-0**

**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: June 13 17 Agenda #: Public Comment

SPEAKER'S NAME: Denise Wilson  
(Print Name)

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

City: La Quinta Zip: 92253

Phone #: 9099693139 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

## BOARD RULES

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Date: 13 JUN 2017 Agenda #: Public Comment

SPEAKER'S NAME: STEVEN MAON  
(Print Name)

Address: 41950 HOGAN DR  
(Only required if follow-up mail response is requested)

City: PALM DESERT Zip: 92211

Phone #: 703 505-4426 Email: STEVE@DESERTJET.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



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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Brad Elliott  
(Print Name)

Address: 56-600 Invader Ave  
(Only required if follow-up mail response is requested)

City: Thermal Zip: 92274

Phone #: 467-461-4523 Email: Brad@Desertjet.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)

Brad Elliott  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Kristin Gilliam  
(Print Name)

Address: 56600 Invader Ave  
(Only required if follow-up mail response is requested)

City: Thermal Zip: 92274

Phone #: ~~760-925-5876~~ 760-925-5876 Email: Kristin@desertjet.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



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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Heather Mason  
(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)

*Did not speak*

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

**Position on Agenda Item:**

- In Favor  Neutral  Opposed



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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Stacy Crammer  
(Print Name)

Address: P.O. Box 3593  
(Only required if follow-up mail response is requested)

City: LaQuinta Zip: 92240

Phone #: 7144255113 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



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Date: June 13<sup>th</sup>, 2017 Agenda #: Public Comment

SPEAKER'S NAME: Kristin Staszek  
(Print Name)

Address: 235 Sandy Point Trail  
(Only required if follow-up mail response is requested)

City: Palm Springs Zip: 92262

Phone #: 858-364-5513 Email: kstaszek@yahoo.com

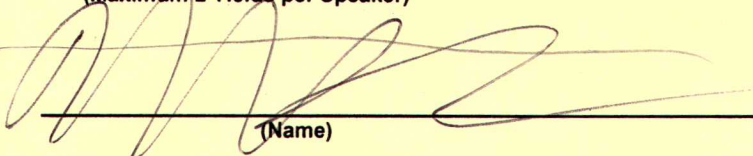
**I AM:**

- 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



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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Kiersten Rodgers  
(Print Name)

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

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

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

I AM:

- The Applicant
- Applicant's Representative
- A Neighbor
- 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
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(Maximum 2 Yields per Speaker)

DEWE WILSON  
(Name)

Position on Agenda Item:

- In Favor
- Neutral
- Opposed



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Date: 6-13-17 Agenda #: Public Comment

SPEAKER'S NAME: Tom McDonald  
(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

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

Debra Wilson  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed



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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: 6/13/17 Agenda #: Public Comm

SPEAKER'S NAME: Josse Rodriguez  
(Print Name)

Address: 52408 Nelson Ave  
(Only required if follow-up mail response is requested)

City: Cocchella Zip: 92236

Phone #: (760) 534-6337 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)

Denise Weber  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



## BOARD RULES

### **Requests to Address Board on "Agenda" Items:**

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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Tiffany Mann  
(Print Name)

Address: 41950 Hogan Drive  
(Only required if follow-up mail response is requested)

City: Palm Desert Zip: 92211

Phone #: (912) 941-7099 Email: tiffany.mann@hotman.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)

Steve Mann  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



## BOARD RULES

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**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: 13 JUN 2012 Agenda #: Public Comment

SPEAKER'S NAME: ELAZNA MAON  
(Print Name)

Address: 41950 HOGAN DR  
(Only required if follow-up mail response is requested)

City: PALM DESERT Zip: 92211

Phone #: 912 441-7099 Email: TIFFANY.MAON@HOGANDR.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)

STEVEN MAON

(Name)

**Position on Agenda Item:**

- In Favor
- Neutral
- Opposed

## BOARD RULES

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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 13 JUN 2017 Agenda #: Public Comment

SPEAKER'S NAME: EMILY MAO  
(Print Name)

Address: 41950 HOGAN DR  
(Only required if follow-up mail response is requested)

City: PALM DESERT Zip: 92211

Phone #: 703 505-4426 Email: TIFFANY.MAO@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)

STEVEN MAO  
(Name)

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



## BOARD RULES

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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 13 JUN 2017 Agenda #: PUBLIC COMMIT

SPEAKER'S NAME: EVELYN MAEN  
(Print Name)

Address: 41950 HOGAN DR  
(Only required if follow-up mail response is requested)

City: PALM DESERT Zip: 92211

Phone #: 912441-7099 Email: TIFFANY.MOEN@HIMMER.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)

STEVEN MAEN  
(Name)

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



## BOARD RULES

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**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: 6/13/17 Agenda #: Public comment

SPEAKER'S NAME: Branden Dewyer  
(Print Name)

Address: 41410 Sparken Way  
(Only required if follow-up mail response is requested)

City: Bermuda Dunes Zip: 92203

Phone #: 760-898-5786 Email: dewyer86@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)

Steve Main  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

## BOARD RULES

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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: MATT ARREDONDO  
(Print Name)

Address: 41620 SAINT ANNES BAY DR.  
(Only required if follow-up mail response is requested)

City: BERMUDA DUNES Zip: 92703

Phone #: 951-210-2285 Email: mattarredondo@stayschool.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)

BRAD ELLIST  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



## BOARD RULES

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RIVERSIDE COUNTY BOARD OF SUPERVISORS  
Request to Speak

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Mike Horan  
(Print Name)

Address: 48602 Anastacia CT  
(Only required if follow-up mail response is requested)

City: Indio Zip: 92201

Phone #: 805-914-9940 Email: shoran5563@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)

Brad Elliot  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



## BOARD RULES

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

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Date: 0/13/17 Agenda #: Public Comment

SPEAKER'S NAME: RAFAEL LUNA  
(Print Name)

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

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

Phone #: 760 399 1000 Email: charter@dscrc.net  
o.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)

BRAD ELIOTT  
(Name)

**Position on Agenda Item:**

- In Favor  Neutral  Opposed



## BOARD RULES

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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: 06/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Malcolm Patton  
(Print Name)

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

City: Thermal Zip: 92274

Phone #: 419-619-4136 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)

~~Malcolm Patton~~ ~~Brad Elliott~~  
(Name)

Position on Agenda Item:  
 In Favor  Neutral  Opposed

## BOARD RULES

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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: 13 JUNE 2017 Agenda #: Public Comm

SPEAKER'S NAME: DIANA ESCANDON  
(Print Name)

Address: 56600 INVADER AVE.  
(Only required if follow-up mail response is requested)

City: THERMAL Zip: 92274

Phone #: (760) 925-5876 Email: DIANA@DESERTJETLS

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



## BOARD RULES

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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: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: DEANNA QUIBAULT  
(Print Name)

Address: 56600 INVADER #111  
(Only required if follow-up mail response is requested)

City: THERMAL Zip: 92274

Phone #: (949)861-0295 Email: Deanna@desertpet.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)

Deanna Quibault  
(Name)

Position on Agenda Item:

- In Favor  Neutral  Opposed



## BOARD RULES

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

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Steven Thiem  
(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

## BOARD RULES

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

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Wendy Davis  
(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

## BOARD RULES

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

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Date: 06/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Haren Bronsman  
(Print Name)

Address: 45025 Verba Santa Dr.  
(Only required if follow-up mail response is requested)

City: Palm Desert Zip: 92211

Phone #: 561-329-3602 Email: haren@desertjet.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

## BOARD RULES

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**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: 0/12/17 Agenda #: Public Comit

SPEAKER'S NAME: Roman I Mendez  
(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

## BOARD RULES

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

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Tyler Thull  
(Print Name)

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

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

Phone # (970)980-7395 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

## BOARD RULES

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**RIVERSIDE COUNTY BOARD OF SUPERVISORS**  
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Date: 6-13-2017 Agenda #: Public Court

SPEAKER'S NAME: David Fiebam  
(Print Name)

Address: 56600 Invaader  
(Only required if follow-up mail response is requested)

City: Thermal Zip: 92274

Phone #: 480 231 7606 Email: DavidH@desertjet.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

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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: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: KEVIN ADAMS  
(Print Name)

Address: 100 E STEUBENS RD # 509  
(Only required if follow-up mail response is requested)

City: PALM SPRINGS Zip: 92262

Phone #: 206-618-9178 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

## BOARD RULES

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### **Individual Speaker Limits:**

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

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Todd Davis  
(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)

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

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

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

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Date: June 13, 2017 Agenda #: Public Comment

SPEAKER'S NAME: Jeffrey M. Irvine  
(Print Name)

Address: 56600 Invador  
(Only required if follow-up mail response is requested)

City: Thermal Zip: 92274

Phone #: 760 399 1000 Email: \_\_\_\_\_

**I AM:**

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

**PLEASE INDICATE YOUR POSITION BELOW:**

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(Maximum 2 Yields per Speaker)

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

**Position on Agenda Item:**

- In Favor  Neutral  Opposed

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Date: 6/13/17 Agenda #: Public Comment

SPEAKER'S NAME: Kenneth Cranmer  
(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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(Maximum 2 Yields per Speaker)

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

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

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Date: 6/13/2017 Agenda #: Public Comment

SPEAKER'S NAME: MATTHEW RUTOWSKI  
(Print Name)

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

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

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

**I AM:**

- The Applicant  A Neighbor  
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