



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: _____

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: _____

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Safe Ground

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Tracie Rice Bailey Address: 420 I St #325

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (916) 862-8497

Email: tricesa@ychoq.com

NOTICE TO LOBBYISTS: In compliance with City Code Section 2.15.150 you **MUST** identify yourself as a lobbyist and also verbally identify the client(s), business or organization you are representing.

I am a Registered Lobbyist

Unregistered Lobbyist and I represent:



City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

COMPLETE THIS FORM AND RETURN TO THE CITY CLERK

MEETING DATE: 14 December 2010

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: _____

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: To receive & file Mayor's Status update on Council Member Appointments to Regional Boards & Commissions

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Mike Barnbaum

Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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City of Sacramento

LEGISLATIVE BODIES

REQUEST TO SPEAK

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MEETING DATE: 12-13-10

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Agenda Item No: _____

Subject: _____

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: Salvation Army
Bell Ringing

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: James Pizel (CARLA) Address: 1100 Howe Ave

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (916) 504-1555

Email: _____

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REQUEST TO SPEAK

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MEETING DATE: 12/14/10

COMMENTS MAY BE LIMITED TO A SPECIFIED TIME ALLOTMENT

Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 83

Subject: _____

Subject: ICELAND

In Favor

Oppose

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: TERRIE KERTH

Address: 2701 Curtis Way
14301 Del Rio Parkway

Organization/Business Name: Sacramento Iceland, Inc

Council District No.: 2

Not a City Resident

Phone: (916) 992-4836

Email: _____

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Matters LISTED on the Agenda

Agenda Item No: 23

Subject: ICELAND SPECIAL PERM

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: MISTY JOHANSON Address: 4015 BEAVER CREEK CT, ANTELOPE CA, 95843

Organization/Business Name: SACRAMENTO ICELAND

Council District No.: _____

Not a City Resident

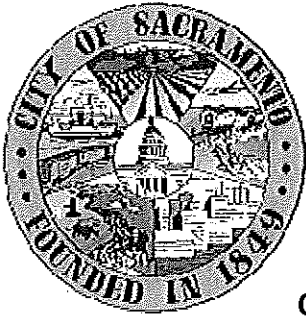
Phone: (916) 705-6076

Email: _____

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Matters LISTED on the Agenda

Agenda Item No: 23

Subject: Iceland Port

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Matthew Leissing

Address: 121 Second St. Woodland CA

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (530) 666-3823

Email: Italianate@wavecable.com

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MEETING DATE: 14 December 2010

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Matters LISTED on the Agenda

Agenda Item No: 23

Subject: Iceland Restoration

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Mike Barnbaum Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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Matters LISTED on the Agenda

Matters NOT Listed on the Agenda

Agenda Item No: 23

Subject: _____

Subject: Island Restoration

In Favor

Oppose

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Cliff Adams Address: 291 River Run Cir, Sacramento CA 95833

Organization/Business Name: _____

Council District No.: 1

Not a City Resident

Phone: (916) 929-7643

Email: vibrocount@larsen.com

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Matters LISTED on the Agenda

Agenda Item No: _____

Subject: Homeless

In Favor

Oppose

Matters NOT Listed on the Agenda

Subject: _____

Personal Information:

Except for your name, the information requested below is voluntary and used by staff to contact you if necessary. When you request to speak before the legislative body, your name is included in the City's official minutes.

Name: Robert Robert Tobin Address: _____

Organization/Business Name: Cottage Housing

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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