

Request to Speak

Complete this form and
return to the City Clerk

The City welcomes your comments and requests that you present your remarks in a respectful manner, within established time limits, and focus on issues which directly affect the City or are within the jurisdiction. Thank you for your testimony.

Meeting Date: 2/11/15

COMMENTS MAY BE LIMITED TO A SPECIFIC TIME ALLOTMENT

Matters Listed on the Agenda

Agenda Item No: 19
Subject: Security guards

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. This form is subject to disclosure under the California Public Records Request Act.

Name: Christina Arechiga Address: _____
Organization/Business Name: ORA campaign TO end police terror
Council District No.: Harris Not a City Resident
Phone: (916) 914-5833 Email: endpoliceterror@gmail.com

Notice to Lobbyist:

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

I represent: _____



City of
SACRAMENTO

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Agenda Item No: 15 19

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Name: Laura Rubalcaba Address: _____

Organization/Business Name: _____

Council District No.: _____

Not a City Resident

Phone: (____) _____

Email: _____

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Meeting Date: 2/10/15

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Matters Listed on the Agenda

Agenda Item No: 19
Subject: Security guards

In Favor

Oppose

Matters **NOT** Listed on the Agenda

Subject: _____

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Name: Claire White Address: _____

Organization/Business Name: NLG / CDP

Council District No.: 5 Not a City Resident

Phone: (916) 640 7615 Email: _____

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Agenda Item No: 19

Subject: Security

Contract

In Favor

Oppose

Matters **NOT** Listed on the Agenda

Subject: _____

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Name: _____ Address: _____

Organization/Business Name: _____

Council District No.: _____ Not a City Resident

Phone: (____) _____ Email: _____

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