

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Julie Frommelt Date: Oct 23
(Please Print)

Residence Address: ~~653~~ (Optional)

City: _____ Zip _____

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: _____

I wish to speak: FOR AGAINST _____ Agenda Item No. 5B

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Josue Garcia Date: 10-23-07
(Please Print)

Residence Address: 2102 ALVARADO RD (Optional)

City: San Jose CA 95125 Zip _____

Phone No.: 265-7643 (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: BUILDING TRADES COUNCIL

I wish to speak: FOR _____ AGAINST _____ Agenda Item No. 4/9c+s

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: J. [unclear] Date: _____
(Please Print)

Residence Address: _____ (Optional)

City: _____ Zip _____

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: SB

I wish to speak: FOR AGAINST _____ Agenda Item No. _____

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

SB

(To be used when there are more than 10 speakers per item)

Name: ROBERT FITCH Date: _____
(Please Print)

Residence Address: 2356 ROSITA (Optional)

City: SANTA CLARA Zip _____

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: _____

I wish to speak: FOR _____ AGAINST _____ Agenda Item No. SB

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Rick Gasalver Date: 10/23
(Please Print)

Residence Address: 1219 Shenwood (Optional)

City: Santa Clara Zip 95050

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: Resident

I wish to speak: FOR AGAINST _____ Agenda Item No. _____

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Lisa Santillan Date: 10-23
(Please Print)

Residence Address: _____ (Optional)

City: Sunnyvale Zip 94089

Phone No.: 745-9212 (Home) 956-7977 (Work)
(optional) (optional)

Email: lisa_santillan@amat.com

I represent: self

I wish to speak: FOR AGAINST _____ Agenda Item No. 5B

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Mary E. [unclear] Date: 10/20/07
(Please Print)

Residence Address: _____ (Optional)

City: Santa Clara Zip: 95050

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: mary.e.[unclear]

I represent: Santa Clara Plays Fair

I wish to speak: FOR _____ AGAINST _____ Agenda Item No. 5B

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Ketra Oberlander Date: 10-23
(Please Print)

Residence Address: 732 Viader Ct. (Optional)

City: SC Zip: 95050

Phone No.: 408 423 8220 (Home) _____ (Work)
(optional) (optional)

Email: ketra@droolingcat.com

I represent: Santa Clara Plays Fair

I wish to speak: FOR _____ AGAINST Agenda Item No. 5B

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: ERLINDA ESTRADA Date: 10-23-07
(Please Print)

Residence Address: 3119 EL SOBRENTE ST (Optional)

City: SANTA CLARA Zip: 95051

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: erlinda-estrada@yahoo.com

I represent: Santa Clara Plays Fair

I wish to speak: FOR _____ AGAINST X Agenda Item No. 5B

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Deborah Bress Date: _____
(Please Print)

Residence Address: _____ (Optional)

City: _____ Zip: _____

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: _____

I wish to speak: FOR _____ AGAINST ✓ Agenda Item No. _____

[See Reverse Side for Instructions]

**CITY OF SANTA CLARA
SPEAKER'S CARD**

(To be used when there are more than 10 speakers per item)

Name: Marilyn McGraw Date: _____
(Please Print)

Residence Address: 2939 McKinley (Optional)

City: Santa Clara Zip _____

Phone No.: _____ (Home) _____ (Work)
(optional) (optional)

Email: _____

I represent: _____

I wish to speak: FOR _____ AGAINST X Agenda Item No. Stadium

[See Reverse Side for Instructions]