



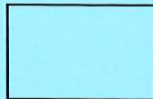
# REQUEST TO SPEAK

Request to Speak cards must be submitted to City Staff **BEFORE** public testimony begins.

Public testimony is limited to three (3) minutes per speaker.

Additional time **MAY** be granted to speakers representing two or more persons.

Cards for designated speakers and the person(s) they represent must be submitted together.



NAME (print) HEATHER DUKES MEETING DATE 4/26/2023

NAME OF GROUP/ORGANIZATION (if applicable) \_\_\_\_\_

ADDRESS 5527 N. 25th Street, Phoenix, AZ ZIP 85016

HOME PHONE \_\_\_\_\_ WORK PHONE 602.320.8866

E-MAIL ADDRESS (optional) HDUKES@GMAIL.COM

☒ I WISH TO SPEAK ON AGENDA ITEM # 2 ☐ I WISH TO DONATE MY TIME TO \_\_\_\_\_

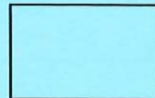
☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING \_\_\_\_\_

*\*Citizens may complete one Request to Speak "Public Comment" card per meeting and submit it to City Staff. "Public Comment" time is reserved for citizen comments regarding non-agendized items. The Board and Commission may hear "Public Comment" testimony, but is prohibited by state law from discussing items which are not listed on the agenda.*

**This card constitutes a public record under Arizona law.**



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Cards for designated speakers and the person(s) they represent must be submitted together.

NAME (print) Joseph Landin MEETING DATE April 26<sup>th</sup>

NAME OF GROUP/ORGANIZATION (if applicable) \_\_\_\_\_

ADDRESS 16042 N Cave Creek Rd ZIP \_\_\_\_\_

HOME PHONE 480-797-2900 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (optional) Joseph.Landin@yahoo.com

☒ I WISH TO SPEAK ON AGENDA ITEM # 2 ☐ I WISH TO DONATE MY TIME TO \_\_\_\_\_

☒ I WISH TO SPEAK DURING "PUBLIC COMMENT"\* CONCERNING Carz Home Text Amendment

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# WRITTEN COMMENTS

This card is used to submit written comments to the Board or Commission.

Written comment cards may be submitted to the Staff at any time. Cards submitted after public testimony has begun will be provided to the Board or Commission at the conclusion of the testimony for that item.

NAME (print) TIM WESTBROOK MEETING DATE 4/24/23

NAME OF GROUP/ORGANIZATION (if applicable) \_\_\_\_\_

ADDRESS 4634 E CAILE TURNER AVE ZIP 85018

HOME PHONE \_\_\_\_\_ WORK PHONE 602-466-9880

E-MAIL ADDRESS (optional) tim@camelbackrecovery.com

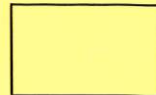
AGENDA ITEM # 2 ☐ SUPPORT ☒ OPPOSE

COMMENTS (additional space is provided on the back) THE TEXT AMENDMENT DOES NOT ALLEVIATE DISCRIMINATION THAT SOBER LIVING HOMES ARE FACING IN SCOTTSDALE. SOBER LIVING HOMES OPERATE AS A FAMILY UNIT. SOBER LIVING HOMES ARE IMPERATIVE TO THE RECOVERY PROCESS.

This card constitutes a public record under Arizona law.



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NAME (print) Michelle Siwek MEETING DATE 4/26/23

NAME OF GROUP/ORGANIZATION (if applicable) Scottsdale Recovery

ADDRESS 7910 E. Wilshire Drive ZIP 85251

HOME PHONE 480-414-2596 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS(optional) michelle@thesiweks.com

AGENDA ITEM # 2 ☐ SUPPORT ☒ OPPOSE

COMMENTS (additional space is provided on the back) \_\_\_\_\_