



# REQUEST TO SPEAK

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

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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) MIKE MARCH MEETING DATE 12-12-24

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

ADDRESS 7091 E 5th AVE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE 602-799-1219

E-MAIL ADDRESS (optional) \_\_\_\_\_

☒ I WISH TO SPEAK ON AGENDA ITEM # 6 ☐ 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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NAME (print) JOSE RAMIREZ MEETING DATE 12/12/24

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

ADDRESS 7499 E. Timberlane court ZIP 85258

HOME PHONE 602 363-4628 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (optional) \_\_\_\_\_

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NAME (print) MARK MOFFETT MEETING DATE 12-12-24

NAME OF GROUP/ORGANIZATION (if applicable) Rooster Bus

ADDRESS 7083 E. 5th Ave Scottsdale, AZ. ZIP 85251

HOME PHONE 480-768-7472 WORK PHONE 480-768-7472

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

☒ I WISH TO SPEAK ON AGENDA ITEM # 6 ☐ I WISH TO DONATE MY TIME TO \_\_\_\_\_

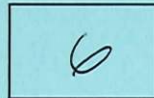
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NAME (print) Dewey D. Schade MEETING DATE 12-12-2024

NAME OF GROUP/ORGANIZATION (if applicable) Park Fifth Avenue LLC

ADDRESS 7051 E. Fifth Avenue, Scottsdale ZIP 85251

HOME PHONE \_\_\_\_\_ WORK PHONE (480) 991-1234

E-MAIL ADDRESS (optional) \_\_\_\_\_

☒ I WISH TO SPEAK ON AGENDA ITEM # 6 ☒ I WISH TO DONATE MY TIME TO José Ramirez or  
Mike March

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

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NAME (print) SANDY DAIZA MEETING DATE 12-12-26

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

ADDRESS 7087 E. 5TH AVE ZIP 85251

HOME PHONE \_\_\_\_\_ WORK PHONE 480-945-0962

E-MAIL ADDRESS (optional) SEWELL@BUYINDIANART.COM

☒ I WISH TO SPEAK ON AGENDA ITEM # 6 ☒ I WISH TO DONATE MY TIME TO JOSE RAMIREZ

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

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NAME (print) PATRICIA Morici MEETING DATE 12/12/2024

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

ADDRESS 19475 N GRAYHAWK DR #114 SCOTTSDALE ZIP 85255

HOME PHONE 480-306-6861 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (optional) \_\_\_\_\_

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NAME (print) JANET ~~WILSON~~ WILSON MEETING DATE 12/12/2024

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

ADDRESS 8069 E DEL CADENADE ZIP 85058

HOME PHONE 480-748-0801 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS (optional) \_\_\_\_\_

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# WRITTEN COMMENTS

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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) Barney Gonzales MEETING DATE 12/12/24

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

ADDRESS 0349 N. CATTI TRACK RD ZIP 85250

HOME PHONE 480 695 4553 WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS(optional) \_\_\_\_\_

AGENDA ITEM # 6 ☐ SUPPORT ☒ OPPOSE

COMMENTS (additional space is provided on the back) The addition of  
Adding another lot to this development  
adds additional complications  
to the planning of this development