

Hormer is out of control
trying to anticipate
every single possible future
~~contingency regarding every~~ all
~~single aspects & details of~~
detail.

Procedural Question -

- Was current speaker to have more than 3 minutes?
- Others submitted blue cards - when will they be able to speak?

Joanne Keil
Unit 4

Feb 6, 2020

Dear Mr Venker:

Will anyone else be able
to speak tonight? Amy MacAulay
VMIV

I protest that Colleen seems to be voicing/representing
all of VM.

Rutha Lentz VMIV

REQUEST TO SPEAK



5

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) Colleen Klapac MEETING DATE 2-6-20
NAME OF GROUP/ORGANIZATION (if applicable) Villa Monterey Unit 3
ADDRESS 4810 N 78th Street Scottsdale ZIP 85251
HOME PHONE 480 219 3227 WORK PHONE _____
E-MAIL ADDRESS (optional) das3fre@cox.net

☒ I WISH TO SPEAK ON AGENDA ITEM # 5 ☐ 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) KATE MONROE MEETING DATE 2/6/20
NAME OF GROUP/ORGANIZATION (if applicable) VILLA MONTE-REY III
ADDRESS 4822 N. 76th PLACE ZIP _____
HOME PHONE 480 471 1048 WORK PHONE _____
E-MAIL ADDRESS (optional) KATE.PEGASUSRANCH@
GMAIL.COM

☐ I WISH TO SPEAK ON AGENDA ITEM # 5 ☒ I WISH TO DONATE MY TIME TO Colleen Klapac
☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) GAYNELLE STAMM MEETING DATE 2-6-20

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 7710 E. THORNWOOD DR ZIP 85251

HOME PHONE 480-725-8622 WORK PHONE _____

E-MAIL ADDRESS (optional) _____

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NAME (print) Amy MacAulay MEETING DATE 2-6-2020

NAME OF GROUP/ORGANIZATION (if applicable) Ville Monterey #4

ADDRESS 4920 N. 77th Pl. ZIP 85251

HOME PHONE 480-947-7399 WORK PHONE _____

E-MAIL ADDRESS (optional) amacaulay@cox.net

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NAME (print) DEBRA LENTZ MEETING DATE 2-6-2020

NAME OF GROUP/ORGANIZATION (if applicable) VM IV

ADDRESS 7714 E NORTHLAND DR ZIP 85251

HOME PHONE 602-743-9544 WORK PHONE _____

E-MAIL ADDRESS (optional) DLENTZ@COX.NET

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