



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)

Daniel Court

MEETING DATE

11/9/22

NAME OF GROUP/ORGANIZATION (if applicable)

Elliott D. Pollack & Company

ADDRESS

5111 N. Scottsdale Rd.

ZIP

85250

HOME PHONE

480-236-6567

WORK PHONE

480-423-9200

E-MAIL ADDRESS (optional)

court@edpco.com

☒ I WISH TO SPEAK ON AGENDA ITEM #

8

☐ 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.



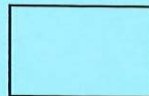
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NAME (print) Cameron Steiner MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 4848 N Goldwater Blvd ZIP 85251

HOME PHONE _____ WORK PHONE 602-541-3257

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 8, 9 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) Jason Phillips MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 6921 E. Kathleen Road. ZIP 85254

HOME PHONE _____ WORK PHONE 480-313-7967

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 8.9 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) Rob Rossi MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 7120 E Kierland Blvd #806 ZIP 85254

HOME PHONE _____ WORK PHONE 602-478-1006

E-MAIL ADDRESS (optional) _____

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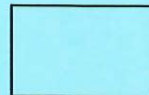
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NAME (print) Jason Alexander MEETING DATE 11-9

NAME OF GROUP/ORGANIZATION (if applicable) ~

ADDRESS 9976 E. Jasmine Dr. ZIP 85260

HOME PHONE - WORK PHONE -

E-MAIL ADDRESS (optional) -

☒ I WISH TO SPEAK ON AGENDA ITEM # 8 - Mercado Note: I will use the projector.
☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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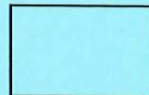
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NAME (print) ANDREW PODORE MEETING DATE 11/9/2022

NAME OF GROUP/ORGANIZATION (if applicable) MARK-TAYLOR

ADDRESS 6623 N SCOTTSDALE RD. ZIP 85251

HOME PHONE _____ WORK PHONE 480-474-4095

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 8+9 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) Barbara Poggi MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) Westwood Financial

ADDRESS 9301 E Shea Blvd Suite 124 ZIP 85260

HOME PHONE _____ WORK PHONE 480-865-2401

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 6, 9 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) Heather Muench MEETING DATE 11 - 9 - 2022

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 2625 E. Cheryl Drive Phoenix AZ ZIP 8028

HOME PHONE 480.553.0776 WORK PHONE _____

E-MAIL ADDRESS (optional) _____

☐ I WISH TO SPEAK ON AGENDA ITEM # 8,9 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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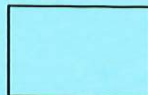
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NAME (print) Dan Smith MEETING DATE 11-

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 9312 N. 114th Way Scottsdale ZIP 85259

HOME PHONE 480-206-9494 WORK PHONE _____

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 849 ☐ I WISH TO DONATE MY TIME TO _____

☐ I WISH TO SPEAK DURING "PUBLIC COMMENT"* CONCERNING _____

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NAME (print) Carolyn Oberholtzer MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 9700 Topaz Dr. Scottsdale 85254 ZIP _____

HOME PHONE 602 300 2560 WORK PHONE _____

E-MAIL ADDRESS (optional) _____

☒ I WISH TO SPEAK ON AGENDA ITEM # 2-9 ☐ I WISH TO DONATE MY TIME TO _____

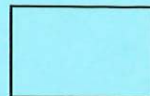
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NAME (print) Kurt Bowe MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 89713 E. Celtic Pr. ZIP 85262

HOME PHONE _____ WORK PHONE 480-710-2634

E-MAIL ADDRESS (optional) _____

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NAME (print) Nick DeRegis MEETING DATE 11/9/22

NAME OF GROUP/ORGANIZATION (if applicable) _____

ADDRESS 4829 N 74th St. #12 ZIP 85251

HOME PHONE _____ WORK PHONE 480-688-2612

E-MAIL ADDRESS (optional) _____

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