

SPEAKER REQUEST LIST

Meeting: **COUNCIL MEETING**

Date: **02/26/2025**

The names listed below reflect individuals who requested to speak on this particular Council file. These individuals may not have actually provided testimony during the meeting. Please refer to the audio and/or video recording of the meeting to determine which individuals actually provided testimony.

| NAME: | ADDRESS: (IF PROVIDED) | REPRESENTING: (IF PROVIDED) | PAID SPEAKER: (IF PROVIDED) | COMMENT |
|--------------|-----------------------------------|--|--|-----------------|
| Dr. Chavez | | | | General Comment |