

SPEAKER REQUEST FORM

If you wish to speak to the Board of the South Bay Cities Council of Governments (SBCCOG) on any item, please fill out this card and turn it in to the Secretary. When your name is called, step to the front, state your name, residence, and the organization you represent (if appropriate) and start your remarks.

Please limit your comme	ents to 3 minutes.
Agenda Item No.	Date: 8/11/2025
Name: BraDiemeyer	Telephone:
City State	ZIP:
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	Signature: My My My Manager Signature: My My My Manager Signature: My
Thank you for your interest and participation!	