



# Public Comment

**Date** 2-6-25

**Agenda Item No.** 8.3

**Name** (Please print) Richard Daly

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional) 775-722-6534

☐ Do you have document(s) or visual aids(s) for display?  
\*Copies must be provided to the Clerk to become part of the official record\*

☐ Do you have document(s)/copies for Commissioners?

☐ Are you a paid lobbyist? If so, please list the names of EACH person on whose behalf you are employed or appearing.



# Public Comment

**Date** FEB-6-2024

**Agenda Item No.** A.3

**Name** (Please print) MARK NEUMANN

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional)

☐ Do you have document(s) or visual aids(s) for display?  
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# Public Comment

**Date**

2/6/2025

**Agenda Item No.**

A.3

**Name** (Please print)

Hannah Hobbyar

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional)

☐

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# Public Comment

**Date**

2/6 / 2025

**Agenda Item No.**

~~#~~ ~~A3~~ B2

**Name** (Please print)

Barry Duplantis

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional)

☐

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# Public Comment

**Date**

2/6

**Agenda Item No.**

A 3

**Name** (Please print)

Olivia Tanager

**Address** (Optional)

265 Thomas St  
Reno, NV

**Email Address** (Optional)

**Phone Number** (Optional)

504-400-3113



Do you have document(s) or visual aids(s) for display?

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Sierra Club Toiyabe Chapter



# Public Comment

**Date**

2/6/25

**Agenda Item No.**

Public Comment

**Name** (Please print)

Cathy Fulkerson

**Address** (Optional)

Reno

**Email Address** (Optional)

**Phone Number** (Optional)

☐

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# Public Comment

**Date**

2/6/25

**Agenda Item No.**

Public comment

**Name** (Please print)

William T. Steward

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional)

☐

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# Public Comment

**Date** 2/6/25

**Agenda Item No.** B2

**Name** (Please print) Monty Turner  
Turner

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional) 775-762-0462

☐ Do you have document(s) or visual aids(s) for display?  
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☐ Do you have document(s)/copies for Commissioners?

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# Public Comment

**Date** FEB - 6 - 2025

**Agenda Item No.** D.1

**Name** (Please print) MARK NEUMANN

**Address** (Optional)

**Email Address** (Optional)

**Phone Number** (Optional)

☐ Do you have document(s) or visual aids(s) for display?  
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# Public Comment

**Date**

2/6/25

**Agenda Item No.**

Public Comment

**Name** (Please print)

DI

Shirley Folkins-Roberts

Chair, Board of Directors

**Address** (Optional)

RemSA Health

**Email Address** (Optional)

**Phone Number** (Optional)

☐

Do you have document(s) or visual aids(s) for display?

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☐

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☐

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