

# RENO CITY COUNCIL PUBLIC COMMENT CARD

Thank you for participating. We know your time is valuable and we look forward to hearing your comments, ideas and questions. The Mayor and City Council request that all comments are expressed in a courteous manner. Public comment is limited to three minutes each. Comments should be addressed to the council as a whole, not an individual member.

NAME: Osborn DELGADO

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☐

AGENDA ITEM \_\_\_\_\_

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: D-4 to D-6

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WHEN COMPLETED, PLEASE RETURN TO THE CITY OF RENO CITY CLERK

THANK YOU FOR YOUR COOPERATION AND PARTICIPATION



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NAME: Molly Winkler

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: Casey Gillman

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM 14-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: Holly Long  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Annalissa Santorum

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1

☐ WARD 2

☒ WARD 3

☐ WARD 4

☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D 4-6

☒ IN FAVOR

☐ IN OPPOSITION

☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: Jenn Wheeler

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_

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NAME: Jaqueline Maloney  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D 4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Megan Drogen  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: 702-338-1511  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom: \_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☐

AGENDA ITEM D4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Travis Walker

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

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COMMENTS: \_\_\_\_\_

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NAME: Jong Menante  
ADDRESS: 1170 Brown St Reno 89509  
CONTACT PHONE: 775-770-0678  
E-MAIL: jong@menante.com

If you are representing someone, other than yourself, please indicate whom:

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

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COMMENTS: \_\_\_\_\_  
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NAME: Jerri Ross

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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☐ WARD 1      ☐ WARD 2      ☒ WARD 3      ☐ WARD 4      ☐ WARD 5

☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D4-6

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NAME: Bonnie Daugherty  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D 4-6

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COMMENTS: \_\_\_\_\_  
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NAME: Michelle Javenport  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

If you are representing someone, other than yourself, please indicate whom:

\_\_\_\_\_

☐ WARD 1    ☐ WARD 2    ☒ WARD 3    ☐ WARD 4    ☐ WARD 5  
☐ OTHER \_\_\_\_\_

DO YOU WISH TO SPEAK? YES ☐ NO ☒

AGENDA ITEM D 4-6

☒ IN FAVOR    ☐ IN OPPOSITION    ☐ NO POSITION STATED - CONCERNED

COMMENTS: \_\_\_\_\_  
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NAME: Natalie Rico  
ADDRESS: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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☐ OTHER \_\_\_\_\_

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