



CITY of SAN PABLO  
City of New Directions



# City of San Pablo - Speaker Form

Meeting Date:

8/4/2025

Welcome to the City of San Pablo City Council Meeting!

OZAL  
①

Please print clearly, return form to City Clerk or Assistant City Clerk. Refer to Guidelines below.

Name

Sue Plath

Email

[Redacted]

Address

[Redacted]

ave  
Telephone

[Redacted]

Group/Organization

I would like to speak about

Subject

Police / Sanctuary City

Agenda Item

Yes ☐

No ☒

Agenda #

Support ☐

Oppose ☐

Neutral ☐

## **Speaker Guidelines**

- *If you are attending a meeting of the City Council and would like to address the officials, please complete the information above and give it to the City Clerk in advance of the meeting.*
- *Speakers are customarily allotted up to three (3) minutes; however, the Council may limit the number of speakers and length of time allowed to each speaker to ensure adequate time for all items on the Agenda.*
- *Speakers are asked to address specific Agenda items when those items are before the City Council rather than during the Oral Communications portion of the meeting.*
- *Completion of this form is voluntary. You may attend and participate in the meeting regardless of whether or not you complete this document. Its purpose is to aid staff in compiling complete and accurate records; however, this card will become part of the Public Record. In accordance with the Public Records Act, any information you provide on this form is available to the public. You may elect not to include your address and telephone number.*
- *Groups/Organizations that are supporting or opposing issues are urged to select one spokesperson.*

***Thank you for your courtesy and cooperation.***

ITEM # 9 ✓ (1)



CITY of SAN PABLO  
City of New Directions



## City of San Pablo - Speaker Form

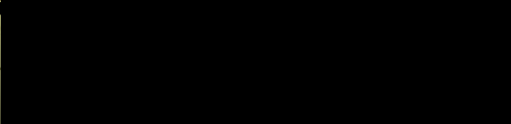
Meeting Date: 08/04/2025

Welcome to the City of San Pablo City Council Meeting!

Please print clearly, return form to City Clerk or Assistant City Clerk. Refer to Guidelines below.

Name RUBEN GALVAN

Email



Address \_\_\_\_\_

Telephone \_\_\_\_\_

Group/Organization NorCal Carpenters Union

I would like to speak about

Subject \_\_\_\_\_  
\_\_\_\_\_

Agenda Item

Yes ☒

No ☐

Agenda #

9

Support ☐

Oppose ☐

Neutral ☒

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