

NAME: Leah Hemze

AGENDA ITEM NO. 11



REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

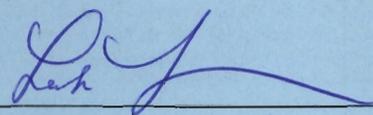
TITLE/AFFILIATION: Acting Executive Director, SD Regional Chamber

ADDRESS: 402 W Broadway, San Diego TELEPHONE: (619) 544-1361

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: 

Cons



NAME: Livia Borak Jim Witkowski (for her) AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Coastal Environmental Rights Foundation (CERF)

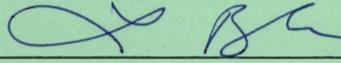
ADDRESS: 1140 S. Coast ~~Highway~~ Hwy 101 Encinitas CA TELEPHONE: 760-942-8505
92024

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Livia Borak hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/2012

Signature: 

Cost

✓

NAME: Todd Snyder

AGENDA ITEM NO. Workshop
11

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: County of San Diego

ADDRESS: 5510 Overland Ave, San Diego, CA 92123 TELEPHONE: 858-694-3482

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: Todd Snyder

COSTA



NAME: Mary Anne Skorpanich

AGENDA ITEM NO. 11



REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

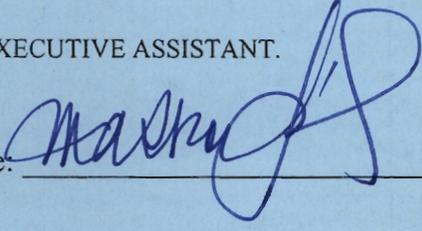
TITLE/AFFILIATION: Manager, OC Watersheds @ County of Orange

ADDRESS: 2301 N. Glassell St., Orange TELEPHONE: 714.955.0601

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12.13.2012

Signature: 

Harrison



NAME: Bryn Evans

AGENDA ITEM NO. 11

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: URS representing Industrial Environmental Association (IEA)

ADDRESS: 4225 Executive Square TELEPHONE: 358 812922

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12-12-12

Signature: Bryn Evans

RE: REGIONAL MS4 PERMIT

REQUEST: IF POSSIBLE, PRIOR TO 3:30 PM



NAME: Rosanna Lacarra

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

Footing Drain Issue

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: San Diego Copermitees / LaRoc Environmental

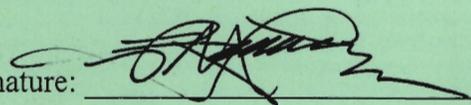
ADDRESS: PO Box 324, Carlsbad, CA 92018 TELEPHONE: 760-533-1875

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Rosanna Lacarra hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/2012

Signature: 



NAME: Karen Cowan
* to follow Richard Boon

AGENDA ITEM NO. 11 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Larry Walker Associates, on behalf of the County of Orange

ADDRESS: _____ TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Karen Cowan hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: [Handwritten Signature] ✓

TMDLs

NAME: KENSIBLO

AGENDA ITEM NO. 11

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: PRINCIPAL / GEOSINTEZ

ADDRESS: 3415 S. SEPULVEDA, SUITE 500, LOS ANGELES TELEPHONE: 310 957 6100

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: [Handwritten Signature]

TMDL BACTERIAL ATTAINABILITY

NAME: Drew Kleis

AGENDA ITEM NO. 11 ✓

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Program Manager, City of San Diego

ADDRESS: 9370 Chesapeake Dr, Ste 100, San Diego, 92123 TELEPHONE: 858-541-4329

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: Drew Kleis

TMDL

✓

✓

NAME: MICHAEL MCSWEENEY

AGENDA ITEM NO. 11

TMDL'S + COSTS

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SR. PUBLIC Policy ADVISOR for the BIA

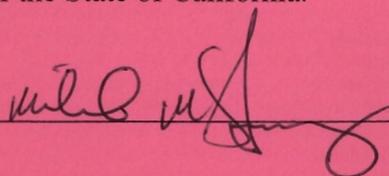
ADDRESS: 9201 SPECTRUM CENTER BLVD 92123 TELEPHONE: 858 450 1221

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Michael McSweeney hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12-12-12

Signature: 

TMDL

NAME: Ruth Kolb

AGENDA ITEM NO. 11

✓

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

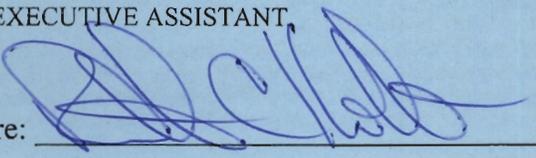
PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Program Manager, City of San Diego
ADDRESS: 9370 Chesapeake Dr, San Diego TELEPHONE: 858.541.4328

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12.12.12

Signature: 

TMDLs

✓

NAME: Jula Chunn-Heer

AGENDA ITEM NO. 11 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Surfrider San Diego

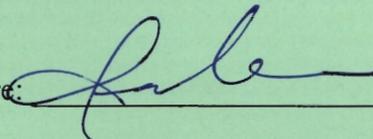
ADDRESS: 9883 Pacific Heights Blvd Ste D 92121 TELEPHONE: 619-246-8881

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Jula Chunn-Heer hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature:  ✓

Huaronos

NAME: Erik Ruehr ✓

AGENDA ITEM NO. 11

(If I am not present, please allow Richard Leja to speak on my behalf)

REQUEST TO SPEAK IN **OPPOSITION TO RECOMMENDED ACTION**

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Advocacy Chair / San Diego Highway Development Association

ADDRESS: 9520 Padgett St, Ste 213, San Diego CA 92126 TELEPHONE: 858 1361-7151

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Erik Ruehr hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: Eh Ruehr ✓

H-020200

NAME: Julie Procopio

AGENDA ITEM NO. 11

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

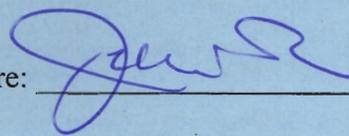
TITLE/AFFILIATION: City of Santee

ADDRESS: 10601 Magnolia Ave TELEPHONE: 619 2584100

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: 

Honorable



NAME: Jill Witkowski

AGENDA ITEM NO. 11
Q. Hydromod #1
Q. Cost #1, 3

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Waterkeeper San Diego Coastkeeper

ADDRESS: 2825 Dewey Rd TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: _____

Signature: _____

H. H. H. H.

/

NAME: Claudio Padros

AGENDA ITEM NO. 11 ✓

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

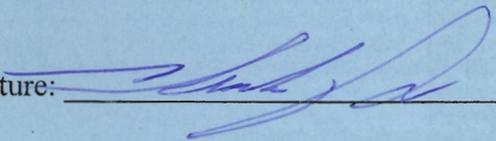
TITLE/AFFILIATION: Senior Civil Engineer / RCFC&WCD

ADDRESS: 1995 Market St. Riverside CA TELEPHONE: 951-955-8602

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12-12-12

Signature: 

Illegible handwritten text

✓

NAME: Ryan Baran

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Senior Deputy County Counsel

ADDRESS: _____ TELEPHONE: 714-834-5206

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Ryan Baran hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12

Signature: [Signature]

HydroMed



NAME: JEFF O'CONNOR

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: OTAY LAND COMPANY

ADDRESS: 1903 WRIGHT PLACE CARLSBAD TELEPHONE: 760-918-8200
CA 92008

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, JEFF O'CONNOR hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: *Jeff W. O'Connor*

H. G. ...

NAME: Jim Nabong

AGENDA ITEM NO. 11

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

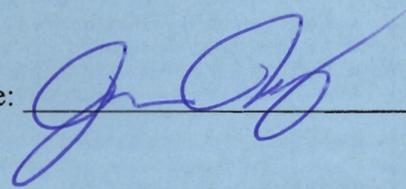
PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Civil Engineer, City of San Diego, Citizen
ADDRESS: 9370 Chesapeake Dr Suite 100 92123 TELEPHONE: 858-541-4327

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: Dec 12, 2012

Signature: 

Hydroman



NAME: DENNIS BOWLING

AGENDA ITEM NO. 11 ✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: RICK ENGINEERING

ADDRESS: 5620 PRIARS RD SAN DIEGO TELEPHONE: 619 291 0709

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, DENNIS BOWLING hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: [Handwritten Signature] ✓

Hydroponics

NAME: D. CRAIG BARILOTTI

AGENDA ITEM NO. 11 ✓

REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: SUNSET CLIFFS ASSOCIATION

ADDRESS: 4369 OSPECKY ST, SAN DIEGO, CA 92104 TELEPHONE: (619) 225-9335

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, D. CRAIG BARILOTTI hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: DEC - 18, 2012

Signature: D. Craig Barilotti

Husromas
SUNSET CLIFFS

NAME: Bob Colaco #

AGENDA ITEM NO. 11 ✓

Regional MS4 Permit

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Riverside County Transportation Dept.

ADDRESS: _____ TELEPHONE: 714 697 5146

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12

Signature: [Handwritten Signature]

Hudson

✓

NAME: Heather Strund

AGENDA ITEM NO. 11



REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Deputy City Attorney / City of San Diego

ADDRESS: 1200 3rd Ave, Suite 1100, San Diego TELEPHONE: 619 533 5872
CA 92101

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: [Handwritten Signature]

HydroMOD - Mariana [unclear]



NAME: RICHARD BOON

AGENDA ITEM NO. 11



REQUEST TO SPEAK IN SUPPORT OF RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: COUNTY OF ORANGE

ADDRESS: _____ TELEPHONE: _____

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, RICHARD BOON hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: Richard Boon

Hugonno



NAME: Sumer Hasenin

AGENDA ITEM NO. 14 ✓

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: City of San Diego, Land Development

ADDRESS: _____ TELEPHONE: 858-541-4330

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: Dec 12, 2012

Signature: Sumer Hasenin

Hydroponics

✓

NAME: BRAD FOWLER

AGENDA ITEM NO. 11 ✓
WORKSHOP

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: DIRECTOR OF PUBLIC WORKS, CITY OF DANA POINT
ADDRESS: 33282 GOLDEN LANTERN, DANA POINT, CA 92606 TELEPHONE: 949-248-3582

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, BRAD FOWLER hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12-12-12

Signature: *Brad Fowler* ✓

Andromoo

NAME: Christine Sloan

AGENDA ITEM NO. 11



REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Chair, Land Development Workgroup, San Diego Cooperatives

ADDRESS: County of San Diego TELEPHONE: 858-495-5257

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: 

ituro mod



NAME: Jerry Engen

AGENDA ITEM NO. 11

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: WestField
ADDRESS: 225 Broadway Ste. 1700 TELEPHONE: 6195448131

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Jerry Engen hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: _____

NAME: James O'Day - Possible AGENDA ITEM NO. 11
(Response to questions - As requested)

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: County of San Diego

ADDRESS: 1600 Pacific Hwy - RM 358 TELEPHONE: 619-531-4869

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: James O'Day

NAME: Faith Pickering

AGENDA ITEM NO. 11 ✓

REQUEST TO SPEAK IN OPPOSITION TO RECOMMENDED ACTION

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: ~~A~~ BIDCOM

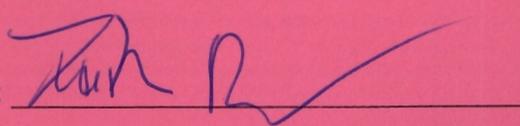
ADDRESS: 4510 Executive Drive #1, SD, CA 92121 TELEPHONE: (858) 455-0300 x113

State your name and address (spell your last name) for the record prior to beginning your presentation. Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

OATH: I, Faith Pickering hereby affirm that the testimony that I will present to the California Regional Water Quality Control Board, San Diego Region, orally or in writing, will be the truth, the whole truth, and nothing but the truth under penalty of perjury under the laws of the State of California.

Meeting Date: 12/12/12

Signature: 

NAME: Richard Crompton

AGENDA ITEM NO. 11

(Against)

REQUEST TO ADDRESS REGIONAL BOARD
DURING PUBLIC FORUMS, STATUS REPORTS, WORKSHOPS AND OTHER NON-ACTION ITEMS

PLEASE PRINT LEGIBLY

TITLE/AFFILIATION: Director of Public Works - County of San Diego

ADDRESS: 5510 Overland Ave, San Diego CA 92123 TELEPHONE: (619) 694-2233

State your name and address (spell your last name) for the record prior to beginning your presentation.
Three minutes is the time normally allotted to each speaker.

PLEASE GIVE THIS COMPLETED FORM TO THE EXECUTIVE ASSISTANT.

Meeting Date: 12/12/12

Signature: R C Crompton