



Mecklenburg County Board of Commissioners

Register to speak at a REGULAR BOCC Meeting

Instructions for Speakers

The Mecklenburg County Board of Commissioners invites all residents to Connect with Mecklenburg County by participating in the governing process. There is a Public Appearance agenda item near the beginning of every regular meeting for the purpose of allowing residents to address the Board on matters not appearing on the agenda. Residents also may sign up to speak about specific agenda items as the Board discusses them. Speakers may not use their time for campaign purposes or make budget requests. Budget requests must be addressed at Budget Public Hearings.

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The Board reserves the right to alter these rules on a case-by-case basis as necessary for the efficient and effective conduct of business.

Those with questions can contact Tonette Spears, Deputy Clerk at 980-314-2914 or Tonette.Spears@MecklenburgCountyNC.gov

Register Date:

2/6/2018

...

Speaker List

Meeting Date:

02/06/2018 6:00PM

v

Agenda Item #:

18-4479

Subject:

Lark Haven Golf Course

Please select one regarding the agenda item you will address:

☒ In Favor☐ In Opposition☐ Neither

Additional Comments:

Add'l speaker: Charles Mills

First Name:

Lloyd

Last Name:

Scher

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXX

Daytime Phone:

(000)-000-0000

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

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Register Date:

2/6/2018

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Speaker List

Meeting Date:

02/06/2018 6:00PM

▼

Agenda Item #:

18-4479

Subject:

Health Care Strategies from a faith-based perspective

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

Add'l speakers: Dr. Mwai Makoka; Rev. Jordan Boyd; Dr. James Thomas; Rev Sheldon Shipman and Bishop Wade Feurgeson

^

v

First Name:

Evie

Last Name:

Landrau

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(000)-000-0000

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

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Register Date:

2/6/2018 ...

Speaker List

Meeting Date:

02/06/2018 6:00PM

Agenda Item #:

18-4479

Subject:

Heart Awareness Month

Please select one regarding the agenda item you will address:



In Favor



In Opposition



Neither

Additional Comments:

First Name:

Marquis

Last Name:

Fitch

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(000)-000-0000

Secondary Phone:

Email:

Special Assistance Needed at Meeting:



Yes



No

Specify:

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Register Date:

1/23/2018

...

Speaker List

Meeting Date:

02/06/2018 6:00PM

v

Agenda Item #:

18-4479

Subject:

BTAN Charlotte, National Black HIV Awareness Day

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

There will be five individuals speaking from this group.

First Name:

Hannah

Last Name:

Stutts

Suffix:

Home Address (House/Apt# and Street):

4121 Walker Rd. #6

City:

Charlotte

Zip Code:

28211

Daytime Phone:

(704)-936-7965

Secondary Phone:

(980)-314-9314

Email:

hannah.stutts@mecklenburgcountync.gov

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

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DID NOT APPEAR TO SPEAK

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Register Date:

2/6/2018 ...

Speaker List

Meeting Date:

02/06/2018 6:00PM

Agenda Item #:

18-4479

Subject:

Entrepreneurship in Mecklenburg County

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Patrick

Last Name:

Stephoe

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(704)-439-7152

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

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Register Date:

2/6/2018 ...

Speaker List

Meeting Date:

02/06/2018 6:00PM

Agenda Item #:

18-4479

Subject:

Issues with DSS & Housing

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Cherry

Last Name:

Reeves

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(000)-000-0000

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

Update

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