

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.

	Register Date: 2/6/2018		Speaker List	
	Meeting Date: 02/06/2018 6:00F	M 🔽	Agenda Item #: 18-4497	
	Subject:		Inclement Weather Emergency	
	Please select one	regarding the agenda item you w	Il address:	
	O In Favor	O In Opposition	either	
	Additional Comme	nts:	Ŷ	
	First Name:	Last Name:	Suffix:	
	Deborah	Woolard		
	Home Address (Ho	ouse/Apt# and Street):		
	City: Charlotte	Zip Code:		
	Daytime Phone: (704)-449-9731	Secondary Phone:		
	Email: deborahwoolard@gmail.com			
	Special Assistance Needed at Meeting:			
	Oyes	No Specify		
1	¥	Update	Back to Home	



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Meeting Date:		Agenda Item #:	
02/06/2018 6:00PM	\checkmark	18-4497	
Subject: C-M Em	ergency Management	Office: Inclement Weather Em	
Please select one regarding t	he agenda item you wil	l address:	
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Additional Comments:			^
			~
First Name:	Last Name:	Suffix:	
Amy	Anderson		
Home Address (House/Apt#	and Stroot):		
XXXX	and Sueery.		
1	7. 0.1		
City:	Zip Code:		
\$60 (000) (000) (000)			
	econdary Phone:	_	
(980)-267-4907			
Email:			
Special Assistance Needed at Meeting:			
	- 1		
O Yes	Specify:		
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Meeting Date:		Agenda Item #:		
02/06/2018 6:00PM	\vee	18-4497		
Subject:	C-M Emergency Manager	ment Office: Inclement Weather Emi		
Please select one reg	arding the agenda item y	ou will address:		
O In Favor	O In Opposition	Neither		
Additional Comments				
First Name:	Last Name:	Suffix:		
Michael	McKenzie			
Home Address (Hou	and Street			
XXXX	serApu# and Street):			
^^^^				
City:	Zip Code:			
Charlotte	XXXXX			
Daytime Phone:	Secondary Phone:			
(704)-806-8444		х		
Email:	,			
tlc2vets@gmail.com				
				Special Assistance Needed at Meeting:
Oyes	No Sp	pecify:		
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	Register Date: 2/6/2018 Speaker List Meeting Date: Agenda Item #: 02/06/2018 6:00PM	
	Subject: C-M Emergency Management Office: Inclement Weather Em	
	Please select one regarding the agenda item you will address:	
	O In Favor O In Opposition Neither	
	Additional Comments:	
		Ц
	First Name: Last Name: Suffix:	
	Charles Robinson	
	Home Address (House/Apt# and Street): XXXX	
	City: Zip Code: XXXXX	
	Daytime Phone: Secondary Phone: (980)-348-2781	
	Email:	
	Special Assistance Needed at Meeting:	
	O Yes]
1	Update Back to Home	
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	02/06/2018 6:00PM	18-4497		
	Subject: C-M Emerg	ency Management Office: Inclement Wea	ather Emi	
	Please select one regarding the	agenda item you will address:		
	O In Favor O In Oppo	sition Neither		
	Additional Comments:		· 🗘	
	First Name:	Last Name: Suffix:		
	Stacy	Phillips		
	Home Address (House/Apt# and Street): XXXX			
	City: Huntersville	Zip Code: 28078z		
	Daytime Phone: Sec (000)-000-0000	ondary Phone:		
	Email: stacyphillips11@yahoo.com			
	Special Assistance Needed at Meeting:			
	O Yes	Specify:		
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	C-M Emergency Management Office: Inclement Weather Em			
	Please select one regarding the agenda item you will address:			
	● In Favor O In Opposition O Neither			
	Additional Comments:			
	First Name: Last Name: Suffix:			
	Shakira Clarke			
	dome Address (House/Apt# and Street): 15111 Edindale Drive			
	City: Zip Code: Charlotte 28277			
	Daytime Phone: Secondary Phone: [704)-254-9540			
	Email: sclarke@timeoutyouth.org			
	Special Assistance Needed at Meeting:			
	O Yes			
1	Update Back to Home			



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		A de Mare #.		
Meeting Date: 02/06/2018 6:00PM	4 124	Agenda Item #: 18-4497		
02/06/2018 6:00PI	И	18-4497		
Subject:	C-M Emergency Manage	ement Office: Inclement Weather Emi		
Please select one re	egarding the agenda item	you will address:		
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Additional Commen	ts:	\$		
First Name:	Last Name:	Suffix:		
Gesela	Serrano			
Home Address (Hoo XXXX City: Charlotte	Zip Code:			
Daytime Phone: (704)-712-2409	Secondary Phone	:		
, ,	25			
Email:				
Special Assistance Needed at Meeting:				
Oyes	⊚ No	pecify:		
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Subject:	C-M Emergency Ma	lanagement Office: Inclement Weather Emi			
Please select one	regarding the agenda	item you will address:			
O In Favor	O In Opposition	Neither			
Additional Comm	ents:				
First Name:	Last Na	lame: Suffix:			
Chuck	Kewin	n			
XXXX	louse/Apt# and Street				
City: Charlotte	Zip Coo				
Chanotte					
Daytime Phone:	Secondary P	Phone:			
(803)-487-3988					
Email:					
Special Assistance	Special Assistance Needed at Meeting:				
Oyes	⊚ No	Specify:			
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		Office: Inclement Weather Em		
Please select one regardir	ng the agenda item you wi	Il address:		
O In Favor O In	Opposition	leither		
Additional Comments:		\$		
First Name:	Last Name:	Suffix:		
Ray	McKinnon			
Home Address (House/Ap	Home Address (House/Apt# and Street): XXXXX			
City:	Zip Code:			
Charlotte	XXXXX			
Daytime Phone:	Secondary Phone:	_		
(336)-601-0170				
Email:	Email:			
Special Assistance Neede	Special Assistance Needed at Meeting:			
O Yes	o Specify	:		
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DID NOT APPEAR TO SPEAK



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	ubject: C-M Emergency Management Office: Inclement Weather Em			
	lease select one regarding the agenda item you will address:			
	O In Favor O In Opposition Neither			
	dditional Comments:	Y S		
	rst Name: Last Name: Suffix:			
	oshua Bridges			
	ome Address (House/Apt# and Street):			
	XXXX			
	ity: Zip Code: Charlotte XXXXX			
	Daytime Phone: Secondary Phone: (704)-858-1772			
	Email:			
	Special Assistance Needed at Meeting:			
	O Yes			
1	Update Back to Home			