



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

Agenda Item #:

18-4497

Subject:

C-M Emergency Mgmt Office: Inclement Weather Emergency

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Deborah

Last Name:

Woolard

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(704)-449-9731

Secondary Phone:

Email:

deborahwoolard@gmail.com

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

Update

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Agenda Item #:

18-4497

Subject:

C-M Emergency Management Office: Incident Weather Em

Please select one regarding the agenda item you will address:

☐ In Favor
 ☐ In Opposition
 ☒ Neither

Additional Comments:

First Name:

Amy

Last Name:

Anderson

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(980)-267-4907

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes
 ☒ No

Specify:

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Subject:

C-M Emergency Management Office: Inclement Weather Em

Please select one regarding the agenda item you will address:

☐ In Favor
 ☐ In Opposition
 ☒ Neither

Additional Comments:

First Name:

Michael

Last Name:

McKenzie

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(704)-806-8444

Secondary Phone:

Email:

tlc2vets@gmail.com

Special Assistance Needed at Meeting:

☐ Yes
 ☒ No

Specify:

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18-4497

Subject:

C-M Emergency Management Office: Inclement Weather Em

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Charles

Last Name:

Robinson

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(980)-348-2781

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

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Subject:

C-M Emergency Management Office: Inclement Weather Em

Please select one regarding the agenda item you will address:

☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Stacy

Last Name:

Phillips

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Huntersville

Zip Code:

28078z

Daytime Phone:

(000)-000-0000

Secondary Phone:

Email:

stacyphillips11@yahoo.com

Special Assistance Needed at Meeting:

☐ Yes☒ No

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☒ In Favor
 ☐ In Opposition
 ☐ Neither

Additional Comments:

First Name:

Shakira

Last Name:

Clarke

Suffix:

Home Address (House/Apt# and Street):

15111 Edindale Drive

City:

Charlotte

Zip Code:

28277

Daytime Phone:

(704)-254-9540

Secondary Phone:

Email:

sclarke@timeoutyouth.org

Special Assistance Needed at Meeting:

☐ Yes
 ☒ No

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☐ In Favor
 ☐ In Opposition
 ☒ Neither

Additional Comments:

First Name:

Gesela

Last Name:

Serrano

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(704)-712-2409

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes
 ☒ No

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☐ In Favor
 ☐ In Opposition
 ☒ Neither

Additional Comments:

First Name:

Chuck

Last Name:

Kewin

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(803)-487-3988

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes
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Subject:

C-M Emergency Management Office: Inclement Weather Em

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☐ In Favor☐ In Opposition☒ Neither

Additional Comments:

First Name:

Ray

Last Name:

McKinnon

Suffix:

Home Address (House/Apt# and Street):

XXXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(336)-601-0170

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes☒ No

Specify:

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DID NOT APPEAR TO SPEAK

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Please select one regarding the agenda item you will address:

☐ In Favor
 ☐ In Opposition
 ☒ Neither

Additional Comments:

First Name:

Joshua

Last Name:

Bridges

Suffix:

Home Address (House/Apt# and Street):

XXXX

City:

Charlotte

Zip Code:

XXXXX

Daytime Phone:

(704)-858-1772

Secondary Phone:

Email:

Special Assistance Needed at Meeting:

☐ Yes
 ☒ No

Specify:

Update

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