

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/5

(PLEASE PRINT)

Name: Dr. Jorge Petit

Address: _____

I represent: NYC Health Dept.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 6/5

(PLEASE PRINT)

Name: Jamie Neckles

Address: _____

I represent: NYC Health Dept.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 6/5

(PLEASE PRINT)

Name: Rebecca Linn-Walton

Address: _____

I represent: NYC Health Dept.

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Marnie Davidoff

Address: _____

I represent: NYC Health Dept.

Address: _____

Please complete this card and return to the Sergeant-at-Arms
**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/5/26

(PLEASE PRINT)

Name: Lidiya Lednyak

Address: _____

I represent: NYC Health Department

Address: _____

Please complete this card and return to the Sergeant-at-Arms
**THE COUNCIL
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Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

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Date: 6/5/26

(PLEASE PRINT)

Name: Corinne Schiff

Address: _____

I represent: NYC Health Department

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Aaron Andersen

Address: _____

I represent: NYC Health Dept

Address: _____

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THE CITY OF NEW YORK

Appearance Card

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Date: _____

(PLEASE PRINT)

Name: Zahirah McNaff

Address: _____

I represent: NYC Health Dept

Address: _____

Please complete this card and return to the **THE COUNCIL** *Sergeant-at-Arms*
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/5/2026

(PLEASE PRINT)

Name: Alister Martin MD

Address: _____

I represent: NYC Health Dept.

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 6/5/26

(PLEASE PRINT)

Name: Sarah Braunstein

Address: _____

I represent: NYC Health Department

Address: _____

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Appearance Card

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Date: 6/5/26

(PLEASE PRINT)

Name: John Mathews Katz

Address: _____

I represent: NYC Health + Hospitals

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Dr. Mitchell Katz

Address: _____

I represent: NYC Health Spitaly

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/15/26

(PLEASE PRINT)

Name: Datsy Yang

Address: _____

I represent: H+H / Correctional Health

Address: Services

Please complete this card and return to the Sergeant-at-Arms