



**City of Coral Gables  
Request to Address City Commission**

Order of receipt \_\_\_\_\_

**Date:** 7/13/21 **PLEASE PRINT** **Time:** \_\_\_\_\_

**Agenda/Item Number:** FAB I-9 **Time:** \_\_\_\_\_

**Issue:** MED BONUS; GRECO SALE **Time:** \_\_\_\_\_

**Name:** SUE KAWALERSKI

**Mailing address:** 6838 GRATIAN ST.

**City:** CORAL GABLES **State/Zip:** 33146

**Phone:** (305) 978-2233 **E-mail:** tvpeople@ymail.com

PUBLIC COMMENTS

Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: CORAL GABLES NEIGHBORS ASSN.

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: Sue Kawalerski

*Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.*