



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

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

**PLEASE PRINT**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Agenda/Item Number:** \_\_\_\_\_

**Issue:** Firehouse

**Name:** Sue Rouderski

**Mailing address:** 6830 GRAYMAN STREET

**City:** \_\_\_\_\_ **State/Zip:** 33144

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

- Yes  No

**Representing:** CNA

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to speak                | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** [Signature]

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



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

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

**PLEASE PRINT**

Date: 8/24/21 Time: \_\_\_\_\_

Agenda/Item Number: F-8

Issue: \_\_\_\_\_

Name: ROBERT BIRCH

Mailing address: 1326 SAW ROAD AVE

City: CG State/Zip: 33146

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Yes

No

Representing: \_\_\_\_\_

I wish to speak

Proponent

I do not wish to speak

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

\_\_\_\_\_  
\_\_\_\_\_

Signature Robert A. Birch

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