City of Coral Gables Request to Address City Commission

PLEASE PR	INT	
Date: 5 9-23	Time:	
Agenda/Item Number: 23	-5719 G-20 udig Ribre	
Name: Debra Degister	elichon costs	
Mailing address: 1240 Place	tas Ave	
City: Coral Gables Sta	te/Zip: 5 33146	
Phone: 305-80)-5523 E-r	nail: racha a	
Are you a registered lobbyist with the City of Coral Gables?		
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:	W sea Cit	
8		
	44.2	
Signature		

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

City of Coral Gable Request to Address	
Date: Date: PLEASE PRIN	T
Agenda/Item Number:	
Name: MANGE	a. Me
Mailing address:	
City: State	Zip? 97
Are you a registered lobbyist with the City of No	
Representing:	
wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
11/10/1-17	Jetz/
Signoture	\

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