



City of Coral Gables  
Request to Address City Commission

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

Date: 7/11/23 PLEASE PRINT Time: 11:23

Agenda/Item Number: E-4

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

Name: CLARA MONSEOUR

Mailing address: 4100 SALZEDO ST

City: CORAL GABLES State/Zip: 33146

Phone: 305 - 926 - 6359 E-mail: Kalala57@hotmail.com

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 \_\_\_\_\_

*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: 7-11 Time: 10:30

Agenda/Item Number: E-4

Issue: The Avenue

Name: JAMES DOCKERTY

Mailing address: 1230 CATALONIA AVE

City: C-6 State/Zip: FL 33134

Phone: 305-582-6927 E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

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

- 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: James Dockerty

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**Request to Address City Commission**

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

PLEASE PRINT

Date: 7/11/23 Time: \_\_\_\_\_

Agenda/Item Number: E-4

Issue: Maria Cruz

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

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

- 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: Maria Cruz

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