



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 11/14/23 PLEASE PRINT Time: 11:01

Agenda/Item Number: C.G. Strategic Plan for Arts

Issue: _____

Name: Rafael Maldonado-Lopez

Mailing address: P.O. Box 144315

City: Coral Gables State/Zip: FL

Phone: 786-346-7185 E-mail: Admin@SanctuaryoftheArts.org

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

Representing: Sanctuary of the Arts

- 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: Rafael Maldonado-Lopez



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 11/14/23 Time: 11:00

Agenda/Item Number: F11-CULTURAL

Issue: SUPPORT.

Name: DIPAK JOSHI

Mailing address: 1350 ASTORIA AVE

City: CORAL GABLES State/Zip: 33134

Phone: 3059050943 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 _____

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: 11/11/23 Time: 11:00

Agenda/Item Number: F11-CULTURAL

Issue: SUPPORT

Name: JEFF COBY

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:

I would like to increase awareness
towards mental health while providing
resources that people can utilize for
increased mental

Signature J. Coby

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 11/14/23 PLEASE PRINT Time: _____

Agenda/Item Number: F-11

Issue: _____

Name: _____

Mailing  Maria Cruz
1447 Miller Rd
Coral Gables, FL 33146-2307

City: _____ state/city: _____

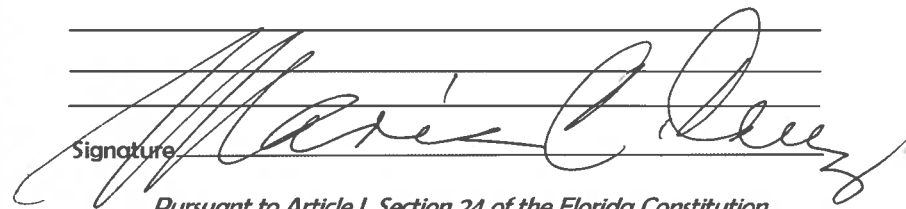
Phone: _____ E-mail: _____

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 

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