



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ **Time:** _____

Agenda/Item Number: 619

Issue: _____

Name: Claudia Minn

Mailing address: 313 Marine Breeze

City: Coral Gables **State/Zip:** FL 33134

Phone: 786 539 6877 **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: 5/9/23 Time: _____

Agenda/Item Number: 6-19

Issue: _____

Name: MARIA C. OREZ

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

Proponent

I do not wish to speak

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

Signature: Maria C. Orez

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