



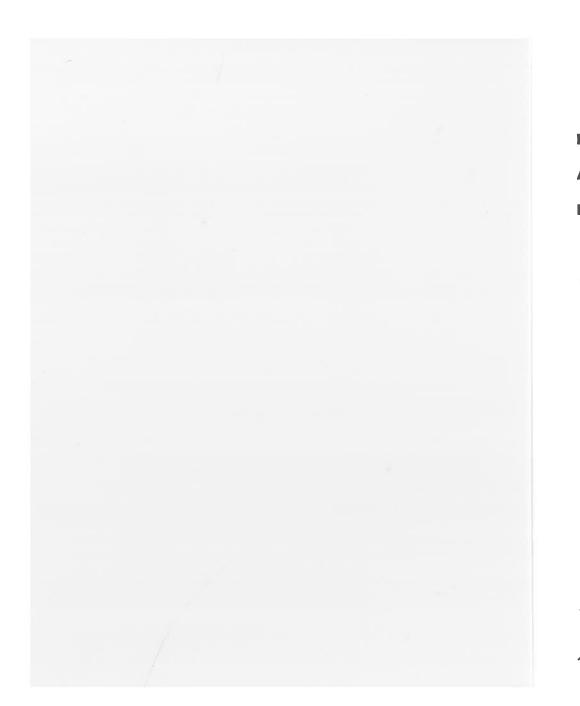
## **City of Coral Gables Request to Address City Commission**

Order of receipt\_

## **PLEASE PRINT**

Date:	Time:
Agenda/Item Number:	619
Issue:	10 - 1
Name: Clurdy	min
Mailing address: 343 M	anne men
Mailing address: 373 M	tate/Zip: 1/3311
Phone: 7865396877	-mail:
Are you a registered lobbyist with the C	City of Coral Gables?
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 Gab Request to Addre	les SS City Commission
PLEASE PRI	NT Time:
Agendø/Item Number:	
Ssue:	- O. Chez
Mailing address:	
City: Stat	e/Zip:
Phone: E-m	nall:
Are you a registered lobbyist with the City	
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 All	1 Contract

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