



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

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

Date: 3-14-23 PLEASE PRINT Time: 9:00

Agenda/Item Number: CL/23-5347

Issue: MILAN AVE.

Name: JOHN N. NELSON

Mailing address: 1434 MILAN AVE.

City: CORAL GABLES State/Zip: FL 33134

Phone: 704-903-8725 E-mail: JOHN.N.NELSON@COMAIL

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 [Handwritten Signature]

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