



City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT
 Date: 7-13 Time: _____

Agenda/Item Number: 1-4

Issue: MOBILITY TRUCK

Name: JR HOLMES

Mailing address: 35 SW 24th

City: CORAL GABLES State/Zip: FL 33134

Phone: 358 5410 E-mail: _____

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

GREAT JOB!

THANK YOU!

Signature JR Holmes

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