



**City of Coral Gables** Order of receipt \_\_\_\_\_  
**Request to Address City Commission**

PLEASE PRINT

Date: 5/23/13 Time: \_\_\_\_\_

Agenda/Item Number: G-15

Issue: \_\_\_\_\_

Name: MARIA C. DEWZ

Mailing address: \_\_\_\_\_

City: Orlando State/Zip: FL 32809

Phone: \_\_\_\_\_ 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: Maria C. Dewz

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