



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7-18 Time: _____

Agenda/Item Number: F 8

Issue: _____

Name: JR Holmes

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Representing: SELF

- | | |
|---|---|
| <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:

F-8 Killers = AUD/T

Signature: JR Holmes

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: 4/16/24 Time: _____

Agenda/Item Number: F-8

Issue: _____

Name: Maria Cruz

Mailing address: 1447 Miller Rd

City: _____ State/Zip: Coral Gables, FL 33146-2307

Phone: 305-323-2154 E-mail: thebearcruz@Aol.com

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 Cruz

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