



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 9-11-22 PLEASE PRINT Time: 11:46

Agenda/Item Number: PICKLEBALL

Issue: NOT ENOUGH PB COURTS

Name: MARTINA KOCHLI

Mailing address: 5530 ~~CORAL GABLES~~ ALHAMBRA CIR

City: CG State/Zip: 33146

Phone: 305-905-2772 E-mail: martina.kochli@
 civic.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 *Martina Kochli*

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 _____

Date: 10/11/22 PLEASE PRINT Time: _____

Agenda/Item Number: 1-2

Issue: Pickleball Courts

Name: SILVIA PINERA-VAZQUEZ

Mailing address: 3516 ALHAMBRA Circle

City: Coral Gables State/Zip: FL 33134

Phone: 3059151911 E-mail: SPINERA@

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 *Silvia Piner-Vazquez*

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: 10-11-2022 Time: _____

Agenda/Item Number: I 2

Issue: Pickleball

Name: Raquel Sotillo

Mailing address: 1 Alhambra Cir

City: Coral Gables State/Zip: FL

Phone: 305/920-0558 E-mail: sotillo@raquel.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

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

I wish to speak

Signature _____

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: 10-11-2022 Time: 8:59

Agenda/Item Number: _____

Issue: Pickleball I-2

Name: Carolyn C Kahl

Mailing address: 626 Fluvia Ave

City: Coral Gables State/Zip: FL

Phone: 33134 E-mail: carolyn.kahl@gmail.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 _____

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 _____

Date: 10/11/22 PLEASE PRINT Time: 8:39

Agenda/Item Number: I-2

Issue: Parks - Pickleball - 0

Name: Josh D'Alemberte

Mailing address: 2285 Tequesta Lane

City: Miami State/Zip: FL 33133

Phone: (305) 431-3939 E-mail: _____

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

Representing: _____

- | | |
|---|---|
| <input 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 _____

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 _____

Date: 10-11-22 PLEASE PRINT Time: 8:55

Agenda/Item Number: I-2

Issue: Pickleball

Name: Maitte Halley

Mailing address: 1245 Milan Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305-299-5917 E-mail: maittehalley@gmail.com

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

Representing: myself

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" 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 _____

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: 10-11 _____ Time: _____

Agenda/Item Number: 64 _____

Issue: Catalonia Park _____

Name: Laura Lopez _____

Mailing address: 637 Sevilla _____

City: CG _____ State/Zip: FL 33134 _____

Phone: _____ E-mail: Lauracoralgables@gmail.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 checked="" type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

 Signature _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 10/11/2022 Time: 0950

Agenda/Item Number: I-2.

Issue: CITY PICKLEBALL

Name: JOHN C. MALONE

Mailing address: 700 BILTMORE WAY #910

City: C G State/Zip: FL 33134

Phone: 786-218-6487 E-mail: abncodreamin@bellsouth.net

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: SELF

- 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: John C. Malone