

STAND-BY



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

Order of receipt _____

PLEASE PRINT

Date: _____ **Time:** _____

Agenda/Item Number: Kings Bay Mayor's Com

Issue: Parkway Landscape

Name: Miles MARONTO

Mailing address: 6230 Dolphin Dr.

City: Coral Gables **State/Zip:** 33158

Phone: _____ **E-mail:** _____

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 

*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: _____ Time: 11:30

Agenda/Item Number: C-1

Issue: LANDSCAPING KING'S PAT

Name: SUZANNE SUAREZ-MENDIZABAL

Mailing address: 14500 TARPON DRIVE

City: C. GABLES State/Zip: 33158

Phone: 3/4907313 E-mail: OSMA14@50

ROL.COM

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 [Signature]

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