



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 3/10/2020 Time: _____

Agenda/Item Number: F-7

Issue: Open Comment Section

Name: WARRA Q. OLIVER

Mailing address: 447 Willy Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: Wololawny@AOL.com

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

Yes No

Representing: _____

- 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: Warra Q. Oliver

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



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Date: _____ Time: _____

Agenda/Item Number: F-7

Issue: _____

Name: ANNELO DURAN

Mailing address: 333 AUSA AVE

City: CORAL GABLES State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- 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: Annelo Duran

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Agenda/Item Number: F-7

Issue: _____

Name: J R HAINES

Mailing address: 3555 SW 11th Ave

City: _____ **State/Zip:** _____

Phone: 3385000 **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:
YES

Signature _____

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