



City of Coral Gables
Request to Address City Commission

Order of receipt: 2

PLEASE PRINT

Date: 5/1 Time: 1:12pm

Agenda/Item Number: G-6

Issue: _____

Name: MARICA ARELLANO

Mailing address: 111 ANDORA AV

City: COGLES State/zip: 33146

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 Marica Arellano

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: 5/1/21 Time: _____

Agenda/Item Number: G-6

Issue: Development transparency

Name: Marica Arellano

Mailing address: 111 Andora Av

City: Coral Gables State/zip: FL 33146

Phone: 305-333-2154 E-mail: marica@coralga.org

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 Marica Arellano

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