



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 12-13-22 Time: 9:45

Agenda/Item Number: Variancy

Issue: Vacancy filling

Name: GORDON SOKOLOFF

Mailing address: 225 Alessio Ave.

City: Coral Gables State/Zip: Fl 33134

Phone: 305 788 0828 E-mail: GORDON5360@earthlink.com

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 Gordon Sokoloff

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

SPEAKER GUIDELINES

- All cellphones should be turned off and pagers silenced during public meetings.
- No one is allowed to disturb/interrupt a public meeting.
- Placards, banners, handled signs or similar items are not permitted in the City Commission Chambers during a public meeting.
- Anyone who breaks these rules may be asked to leave the meeting by the Chair.
- Applicants and appellants will follow these procedures during a public hearing. Each side gets 10 minutes for an initial presentation, five minutes for cross-examination, and five minutes for closing arguments or rebuttal.
- Speakers from the public will be allowed three minutes to talk. Comments should be limited to the subject matter at hand. Speakers cannot give their time allotment to another speaker.
- Speakers who wish to oppose an item up for public hearing must register with the City Clerk beforehand. For more information on public hearing procedures, call City Clerk Billy Y. Urquia at 305-460-5207.



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Date: 12/13/22 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Temp Commission Seat

Name: SUE KAWALCZAK

Mailing address: 6830 GRATIAN ST.

City: _____ State/Zip: 33144

Phone: _____ E-mail: tvpeople@ymail.com

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

- Yes No

Representing: Coral Gables NEIGHBORS ASSN

- | | |
|---|---|
| <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 S. Kawalczak

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Date: 12/13/22 Time: 10:00 AM

Agenda/Item Number: K-1

Issue: Filling Commission Group IV
Vacancy

Name: MARIA C. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: phbeache@vzfc
Ad.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: Maria C. Cruz

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Date: 12/13 Time: _____

Agenda/Item Number: INTERIM COMMISSIONER

Issue: K-1

Name: JESSICA KELLER

Mailing address: _____

City: _____ 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:

I DO NOT SUPPORT APPOINTMENT OF MARIA CRUZ

Signature [Signature]

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