



City of Coral Gables Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: 113

Issue: _____

Name: JR. APPEAL

Mailing address: 5555 SW 11th St

City: MIAMI State/Zip: 33134

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:

QUESTION?

Signature _____