



City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 4/16/04 Time: _____

Agenda/Item Number: F-10

Issue: _____

Name: _____

Mailing address: _____



City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: shbeachwzy@

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: Maria Cruz

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