



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2-28-2024 Time: 11:45 AM

Agenda/Item Number: 2-1

Issue: Reconsideration of My ^{appointment} to the Disability Affairs Board

Name: Justine Chichester

Mailing address: 5886 SW 34 Street

City: Miami State/Zip: FL 33155

Phone: 305-298-2544 E-mail: JRChichester@aol.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: Myself

- | | |
|---|---|
| <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: Justine Chichester

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: 2-27 Time: 11:45

Agenda/Item Number: 2-1

Issue: Disability affairs nominee

Name: Jennifer Ward Sando

Mailing address: 601 Majorca Ave

City: Coral Gables State/Zip: 33134

Phone: 786-282-6694 E-mail: jenw@sando@gmail.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: member of disability affairs board

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" 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: JW Sando

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