



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8-22-~~20~~²³ PLEASE PRINT Time: 9:20

Agenda/Item Number: G-10

Issue: Appt. of City Withers | Removal of m. Castro

Name: GORDON SOKOLOFF

Mailing address: 225 Alexis Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305 786 0428 E-mail: GORDON5360@aol.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: Gordon Sokoloff



City of Coral Gables
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Date: 8/22/23 PLEASE PRINT Time: _____

Agenda/Item Number: G-10

Issue: _____

Name:  Ms. Maria Cruz
 1447 Miller Rd
 Coral Gables, FL 33146

City: _____ State/Zip: _____

Phone: 305-323-2154 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:

 Signature



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/23/23 PLEASE PRINT Time: 2:30 PM

Agenda/Item Number: G-10

Issue: _____

Name: Chip Withers

Mailing address: 1104 Hardee Rd

City: CG State/Zip: 33146

Phone: 305 216 7972 E-mail: chip.withers@witherstrans.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:

I would like to speak
at the end of public
comments only if the
commission requests
 Signature WJW