LORIUZ CORUZ
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## City of Coral Gables

Order of receipt

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Request	to Ad	dress C	ity Com	mission

PLEASE P	RINT
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	PRIMI
Date:	Time:
Agenda/Item Number:	5-1
Issue:	pane
Name:	U. UIWE
Mailing address:	
City:	State/Zip:
Phone:	E-mail:
Are you a registered lobbyist with the Yes	e City of Coral Gables? No
Representing:	
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	

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