



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-5-

Issue: _____

Name: Joanne Meagher (Mar)

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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 _____

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: 6/13 Time: 3:57

Agenda/Item Number: F-5

Issue: Lawnblowers Motor Scooters Feet Delo

Name: PAUL BUSZ

Mailing address: 723 Boltmore Ct

City: Coral Gables State/Zip: 786 213-9100

Phone: 786 213-9104 E-mail: PSUSZATTY@
gmail.com

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 _____

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