City of Coral Ga Request to Addr	bles Order of receipt ress City Commission
PLEASE PRINT Time:	
Agenda/Item Number:	
Issue: Polycles	on Sidewalls
Name: MAMA	e lave
Moiting address 4 (7)	ate/Zip: \$33/46
Phone: 5-323-9/5/E-mail: fhelsome level Are you a registered lobbyist with the 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 lesso	U. Spee

CORAL

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