



City of Coral Gables Request to Address City Commission

Order of receipt _____

Date: 8/24/22 **PLEASE PRINT**
Time: 6-5

Agenda/Item Number: _____

Issue: *Security*

Name: *Harvey A. Galtz*

Mailing address: *447 Miller Rd*

City: *CG* **State/Zip:** *FL 33146*

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: *Harvey A. Galtz*

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