City of Coral Gables Request to Address City Commission

PLEASE PRINT		
Date: 82/2/PLEASE PRIN	Time:	
Agenda/Item Number:		
Issue: F-7		
Name: SUC KAUSIA	rsei	
Mailing address: <u>6830 61</u>	CATIAN ST	
City: CONAL GABLUZG State	Zip:,	
Phone: 305-978-223 E-ma	11: Typoplee ymed	
Are you a registered lobbyist with the City of Coral Gables? Ves 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:	MORA TORIJA	
Signature		
Pursuant to Article I, Section 24 of th this document, and information contained		