



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2-25 **Time:** _____

Agenda/Item Number: E-4

Issue: _____

Name: JR HARNES

Mailing address: 35 SLOWIN

City: _____ **State/Zip:** _____

Phone: 335-5000 **E-mail:** _____

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

WE NEED \$40,000

M. STAL ARCHIVES

Signature _____

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