



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/27/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: 6-11

Issue: Gonzalo SANABRIA

Name: _____

Mailing address: 944 San Pedro Ave

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

Phone: 305 785 4239 **E-mail:** 62 Sanabria

@ me: com

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

- Yes
- No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- 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.