



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 12/12/23 Time: \_\_\_\_\_

Agenda/Item Number: 2-1

Issue: SCRC

Name: Cecilia Slesnick

Mailing address: 721 Navarre Ave

City: CG State/Zip: 33134

Phone: \_\_\_\_\_ E-mail: Cecileslesnick@gmail.

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 12/12/23 Time: \_\_\_\_\_

Agenda/Item Number: 2-1-23-6752

Issue: \_\_\_\_\_

Name: Alejandra Milan

Mailing address: 1261 Aquila Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 3/450-2009 E-mail: alejandra@mc.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: Sunset Elementary

- |   |   |
|---|---|
| <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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 12/12 Time: \_\_\_\_\_

Agenda/Item Number: 2-1

Issue: \_\_\_\_\_

Name: Martin Elobert

Mailing address: 6510 San Vicente

City: \_\_\_\_\_ State/Zip: 33146

Phone: \_\_\_\_\_ 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 12/12/23 Time: \_\_\_\_\_

Agenda/Item Number: 2-1

Issue: \_\_\_\_\_

Name: MARIA Q. OWEZ

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: On Record 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 12/12/23 PLEASE PRINT Time: 10

Agenda/Item Number: 2-1

Issue: SCRC Resolution

Name: JOSHUA GOODMAN

Mailing address: 612 MAJORCA AVE

City: Coral Gables State/Zip: 33134

Phone: 786-643-1883 E-mail: jdgoodman-travel@yahoo.com

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: Gables Education Initiative / CARVER PTA

- 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: [Handwritten Signature]



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 12/12/23 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: 2.1

Issue: 2.1 23-6752

Name: Estelle Lochhart

Mailing address: 1575 Capri St

City: Coral Gables State/Zip: 33134

Phone: 305-772-1811 E-mail: lockhart@bellsouth.net

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: [Handwritten Signature]