



City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 9/13 Time: _____

Agenda/Item Number: F-10

Issue: MOTEL

Name: R. HOLMES

Mailing address: 35 SIANIX

City: CORAL GABLES State/Zip: FL 33134

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:

PRO AIRBNB

Signature [Handwritten Signature]

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