



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/7/24 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: Pickle Ball at Coral Gables Youth Center
Name: Andrea Wahler

Mailing address: 5755 SW 49 Ave

City: Coral Gables State/Zip: FL

Phone: 7810-282-6786 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No NOT yet

Representing: Coral Gables Youth Center

- 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:
Thank you for allowing for further discovery

Signature: [Handwritten Signature]



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Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: CARLOS HALLET

Mailing address: 1245 Milan Ave

City: C. Gables State/Zip: _____

Phone: 305-854087 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 [Signature]

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



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PLEASE PRINT

Date: 5-7-24 Time: 1000

Agenda/Item Number: _____

Issue: Youth CTR EXPANSION - pickle ball

Name: Cindy Abren

Mailing address: 906 Pizarro St.

City: CG State/Zip: 33134

Phone: 786-554-4249 E-mail: CMABREN@GMAIL.COM

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

Yes No

Representing: Ourselves / Residents

- | | |
|---|---|
| <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 [Signature]

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Request to Address City Commission

Order of receipt _____

Date: 5/7/24 PLEASE PRINT Time: 11:45

Agenda/Item Number: F8

Issue: _____

Name: Rishi Sehgal

Mailing address: 439 Minoran Ave

City: Coral Gables State/Zip: FL

Phone: 954 6120905 E-mail: rsehgal@gnil.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 [Handwritten Signature]