



Order of receipt: \_\_\_\_\_  
**City of Coral Gables**  
**Request to Address City Commission**

**PLEASE PRINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: G-1 \_\_\_\_\_

Name: SAMUEL LAUSON \_\_\_\_\_

Mailing address: 450 CAMLEO \_\_\_\_\_

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

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:

G-11  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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