



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: Dec 11 2019 Time: _____

Agenda/Item Number: # G-8

Issue: Coral Gables Garden Club
Repealed in memory of Paul

Name: Betsy Tilghman

Mailing address: 918 Saphronway Dr & Gables

City: _____ State/Zip: 33137

Phone: 305 582-3143 E-mail: betsytilghman@phocon

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

- Yes No

Representing: Garden Club

- 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:

Will speak if needed.

Signature Betsy Tilghman



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 12-10-19 Time: 9am

Agenda/Item Number: City Commission Item #5-

Issue: Coral Gables Garden Club Resolution
naming 25 yr. restrictions to name or

Name: Sudh Mangasarjan
who ages

Mailing address: 1027 Astoria Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305-461-6076 E-mail: jmenzel5@gmail

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

- Yes No

Representing: Coral Gables Garden Club

- 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:

If anyone has questions, I'll be available to speak.

Signature Sudh Mangasarjan