



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 11 JULY 23 Time: 8:35 AM

Agenda/Item Number: APPEAL E-1

Issue: BOATSLIPS - GABLES CLUB

Name: DR. WILLIAM F. SILVER

Mailing address: 10 EDGEWATER DRIVE, SG

City: CORAL GABLES State/Zip: FL 33133

Phone: 786-423-1122 E-mail: W.Silver@coralgt.net

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

Representing: SELF

- | | |
|---|--|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" 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 checked="" type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: William F. Silver

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: 7/11/23 Time: _____

Agenda/Item Number: E-1

Issue: _____

Name: _____

Mailing address: _____

City: _____ State/Zip: _____

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: Maria C. Cruz

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