



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/28/19 **PLEASE PRINT** **Time:** 9:15

Agenda/Item Number: D-3 19-8738

Issue: WAVE EVENT FEE (\$2800)

Name: HARALD HEUWEG

Mailing address: 60 MORRIS WAY

City: C. Gables **State/Zip:** 33137

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 _____

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