



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 10/26/21 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: F4

Issue: _____

Name: MARIA C. OLIVE

Mailing address: _____

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:

Signature Maria C. Olive

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