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CITY OF CORAL GABLES
1000 BAYVIEW BLVD
CORAL GABLES, FL 33134
305-461-2200
www.coralgables.com

Summerville to Appoint

Dear Mr. [Name]:

On [Date], the City of Coral Gables Board of Commissioners adopted Resolution No. [Number] regarding the appointment of a new member to the [Committee Name]. The resolution is attached to this letter for your information.

The resolution provides that [Name] be appointed to the [Committee Name] for a term of [Duration]. The resolution also provides that [Name] be appointed to the [Committee Name] for a term of [Duration].

If you have any questions regarding this resolution, please contact the City Manager's Office at [Phone Number] or [Email Address].

Sincerely,
[Name]
City Manager

06-02-2022 12:37 PM