



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/24/21 PLEASE PRINT
 Time: 12:00 PM

Agenda/Item Number: A-1

Issue: budgetary needs

Name: Matthew A. O'Neil

Mailing address: 1447 Hilltop Rd

City: CG State/zip: FL 33146

Phone: 305-323-2154 E-mail: rob@robony.com

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

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- 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.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/24/21 PLEASE PRINT
 Time: 9:15 AM

Agenda/Item Number: A-1

Issue: CITY OF AFFAIRS

Name: Arnold Duran

Mailing address: 322 Arcadio Avenue

City: Coral Gables State/zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

 Signature _____

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