



City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 3/12 PLEASE PRINT Time: 9:35

Agenda/Item Number: F-2

Issue: Pickle Ball

Name: Eduardo Brunken

Mailing address: Ed Brunken @ BRK1012.COM

City: Coral Gables State/Zip: 33134

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 [Handwritten 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 \_\_\_\_\_

PLEASE PRINT

Date: 3/12/2024 Time: \_\_\_\_\_

Agenda/Item Number: F-2

Issue: \_\_\_\_\_

Name: MARIA C. CRUZ

Mailing address: \_\_\_\_\_

City: Orlando 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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**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

PLEASE PRINT

Date: 3-12-24 Time: 9:30

Agenda/Item Number: F-2

Issue: Pickleball

Name: Marta Walker

Mailing address: 1245 Milan Ave.

City: Coral Gables State/Zip: FL

Phone: 312995917 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: [Signature]

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