



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/27/14 PLEASE PRINT Time: _____
 Agenda/Item Number: F-11

Issue: _____
 Name: MARIA C. QUINZ
 Mailing address: 1447 WILLOW RD
 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. Quinz

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



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Issue: Outdoor seating
 Name: ANTHONY DE FURTE
 Mailing address: 1450 BIRCHWOOD
 City: WILLOW State/Zip: 33131
 Phone: 305 350-7500 E-mail: adefurte@btz.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: not on this item
 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 Anthony De Furte

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