

City of Coral Go Request to Add	order of receipt ress City Commission
Date: 3/4/23 PLEASE PRINT Time:	
Agenda/Item Number:	
Issue: UM/CG Development Agreement Name: MANIA CONTA  Mailing address: 1447 MI/LIFA  City Dral Coaffe State/Zip: #135/4	
305 7-3	
Phone 3-323-2/5() E	-mail HO Callenn
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:	
comments regarding this issue.	*
Signature / Chie	a Color
	Y