

City of Coral Gables	Order of receipt
Request to Address C	ity Commission
PERASE PRINT	
Date: 2/24/2/ Tim	e:
Amanda III am Night and C	
Agenda/Item Number:	
Issue:	
MANIN M	VAITZ
Name:	N DO
Mailing address:	10/FX
City: C. G. State/Zip	F1 3319
375-373 7151 (1)	20010 -12
Phone:	10/0000
Are you a registered lobbyist with the City of Co	ral Gables?
T Yes No	
Representing:	
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:	
A /	7
1/10000 /15	In
Signorure Communication Signorure	