



**City of Coral Gables** Order of receipt \_\_\_\_\_  
**Request to Address City Commission**

**PLEASE PRINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: F-3

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

Name: Maitte Halley

Mailing address: 1245 Milan Ave.

City: Coral Gables State/Zip: FL 33154

Phone: 3/299-5917 E-mail: maittehalley

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: