FLORIUM

City of Coral Gab Request to Addre	ss City Commission
Date: 5/7/84 PLEASE PRI	Time:
Agenda/Item Number:	7
Issue:	
Maria Cruz 1447 Miller Rd Coral Gables, FL 33146-2307 City: Phone:	te/Zip:
Are you a registered lobbyist with the City	
Representing:	
I wish to speak I do not wish to speak I have been requested to speak Comments regarding this issue:	Proponent Opponent To provide information
Continents regulating this issue.	

Signature

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



Signature

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

DLEASE	PRINT
Date: 5 - 2	Time:
Agenda/Item Number:	F-9
Issue:	(E) I
Name:	105
Mailing address:	
City:	State/Zip:
Phone:	E-mail:
Are you a registered lobbyist with the Yes	e City of Coral Gables? No
I wish to speak I do not wish to speak	Proponent Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
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