



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5-7 Time: _____

Agenda/Item Number: F12

Issue: PASEAS

Name: JR Holmes

Mailing address: 35 SIGMA

City: CG State/Zip: _____

Phone: 338 5000 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: SELF

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

YES TO PASEAS

Signature: JR Holmes

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