



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

Order of receipt: _____

PLEASE PRINT

Date: 6/28/02 Time: 4-1

Agenda/Item Number: _____

Issue: _____

Name: MARIA C. CAW

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

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: _____

Signature: Maria C. Caw

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