City of Coral Gal Request to Addr	bles Order of receipt ess City Commission
Date: 4 24 DIEASE PR	RINT Time: 11:05
Agenda/Item Number:	~10
Issue:	
Name: JORNON SOK	+17+T
Mailing address: 225 Als	
city (oral GARLES SH	ote/Zip: 71, 3313
Phone: 305 788 082 E	mail: 40 620 11 5360
Are you a registered lobbyist with the Ci	No
✓ 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 Pursuant to Article I, Section 24 of	of the Florida Constitution
this document, and information conto	