



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 8/24/21 Time: _____

Agenda/Item Number: G-12

Issue: LEAF BLOWER

Name: Kelley Schill

Mailing address: 905 UNIVERSITY

City: CG State/Zip: 33134

Phone: 305-798-3477 E-mail: _____

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 [Handwritten Signature]

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