



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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

*zoom*

**Date:** 28-22 **Time:** \_\_\_\_\_

**Agenda/Item Number:** D4

**Issue:** \_\_\_\_\_

**Name:** MARISA CHISENA

**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
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

**Comments regarding this issue:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

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