



City of Coral Gables
Request to Address City Commission


Order of receipt _____

PLEASE PRINT

Date: 9/26/23 Time: _____

Agenda/Item Number: E-12

Issue: _____

 Ms. Maria Cruz
 1447 Miller Rd
 Coral Gables, FL 33146
 State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <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:

 Signature: Maria Cruz

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



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 9/26/23 Time: 10:10

Agenda/Item Number: E-12 (12)

Issue: SALARIES

Name: GORDON SOKOLOFF

Mailing address: 225 Niles Ave.
 City: CORAL GABLES State/Zip: FL 33134

Phone: 3057890828 E-mail: GORDON5360@aol.com

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

Yes No

Representing: SELF / CBNA

- | | |
|---|---|
| <input 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:

 Signature: _____

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