



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12/10/19 PLEASE PRINT Time: 10 AM

Agenda/Item Number: F-5

Issue: fertilizer

Name: Kelly Cox

Mailing address: 2103 Coral way

City: Miami State/Zip: FL, 33145

Phone: 305-905-0856 E-mail: kelly@miami

waterkeeper.org

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

Representing: Miami waterkeeper.

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" 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 Kelly Cox

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: 12/10/2019 PLEASE PRINT Time: 10:43

Agenda/Item Number: F-5

Issue: Fertilization

Name: Javier Banos Machado

Mailing address: 1801 Casilla St

City: Coral Gables State/Zip: FL 33134

Phone: 305 519 5581 E-mail: jbanos@msn.com

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 checked="" type="checkbox"/> To provide information |

Comments regarding this issue:

Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12/10/19 PLEASE PRINT Time: _____

Agenda/Item Number: 19 - 9181 F-5

Issue: Fertilizer

Name: Colin Scott

Mailing address: 2103 Coral Way

City: Miami State/Zip: FL 33155

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: [Handwritten Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12/10/19 PLEASE PRINT Time: _____

Agenda/Item Number: F-5

Issue: Fertilizer Ordinance

Name: Elizabeth Kelly

Mailing address: 2301 Coral Way 2nd Floor

City: Miami State/Zip: 33143

Phone: _____ E-mail: elizabeth@miamiwaterkeeper.org

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

Representing: Miami Waterkeeper

- 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: _____

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City of Coral Gables
Request to Address City Commission

Order of receipt 18

PLEASE PRINT

Date: 12/10/19 Time: 9:30 AM

Agenda/Item Number: F-5

Issue: Use of fertilizer

Name: MARIA E. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeachnzy@aol.com

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: Maria E. Cruz

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: F-5

Name: JR Holmes

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:

PRO

Signature: JR Holmes

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12/10/19 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: F-5

Issue: Bertilizer

Name: Deborah Swain

Mailing address: 4015 University Dr

City: Coral Gables **State/Zip:** 33146

Phone: 305-496-2374 **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:

should apply to golf courses

Signature _____

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