



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: Jan. 9, 2024 **PLEASE PRINT** **Time:** 9:00 a.m.

Agenda/Item Number: E4

Issue: _____

Name: Norma E. Pérez

Mailing address: 1121 Andalusia

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

Phone: (305) 218-3602 **E-mail:** nperez@stphilip.org

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

Yes No

Representing: _____

- | | |
|---|---|
| <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: Norma E. Pérez

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 _____

PLEASE PRINT

Date: 1/9/23 Time: _____

Agenda/Item Number: Phillips E4

Issue: Phillips

Name: 1044 Coral Way

Mailing address: same

City: CG State/Zip: FL

Phone: _____ E-mail: _____

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

Yes No

Representing: J.C. Toyos

- | | |
|---|---|
| <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 J.C. Toyos



City of Coral Gables
Request to Address City Commission

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Date: 1/9/23 Time: _____

Agenda/Item Number: Phillips E4

Issue: Phillips

Name: 1044 Coral Way

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: Waldo Toyos

- | | |
|---|---|
| <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 W. Toyos



City of Coral Gables
Request to Address City Commission

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Date: 1/9/24 PLEASE PRINT Time: _____

Agenda/Item Number: E4

Issue: _____

Name: Edward Diaz

Mailing address: 1121 Andalusia Ave

City: Coral Gables State/Zip: FL 33124

Phone: 786 205 4942 E-mail: _____

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

Yes No

Representing: C.O.O.

- | | |
|---|---|
| <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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 1/9/24 PLEASE PRINT Time: 9 AM

Agenda/Item Number: E4

Issue: _____

Name: MARY CONROY

Mailing address: 1121 Andalusia Ave

City: CG State/Zip: FL 33124

Phone: 305-606-7818 E-mail: MEL02108e

gmd@ci

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

Yes No

Representing: _____

- | | |
|---|---|
| <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: [Signature]

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Order of receipt _____

Date: 1/9/24 PLEASE PRINT Time: 9:00AM.

Agenda/Item Number: E-4.

Issue: COUNCIL APPROVAL

Name: OCTAVIO A. SANTURIO A IA.

Mailing address: 6262 SW 40 ST S/C #3E

City: S. MIAMI State/Zip: FL. 33155

Phone: (305) 206 8674 E-mail: OASANTURIO@AOL.COM

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

Representing: ST. PHILIP'S SCHOOL

- | | |
|---|---|
| <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:
PARKING.

Signature _____



City of Coral Gables
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Order of receipt _____

Date: 1.9.24 PLEASE PRINT Time: _____

Agenda/Item Number: E-4

Issue: CHURCH APPROVAL

Name: CECILIA SLESNICK

Mailing address: 721 NAVARRE AVE

City: CG State/Zip: 33134

Phone: 305 496 0074 E-mail: CECILSLESNICK@gmail.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 type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Cecilia Slesnick