



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

Order of receipt _____

PLEASE PRINT

Date: 5/31/22 Time: _____

Agenda/Item Number: Consent

Issue: Agenda E-1-E2-E3-E4

Name: MARIA Q. OLIVE

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-373-2154 E-mail: theboashelevzq@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 Q. Olive

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