



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/11/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: E-3

Issue: _____

Name: _____

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 Marie C. O'Quinn