



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/11/23 2-1 Time: 8:45 AM

Agenda/Item Number: D-2.1 23-6024

Issue: Resolution of SCRC

Name: Estelle Lockhart

Mailing address: 1515 Capri St

City: Coral Gables State/Zip: FL 33134

Phone: 305-772-1811 E-mail: lockmia@bellsouth.net

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

Yes No

Representing: self

- | | |
|---|---|
| <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 Estelle Lockhart

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: 7/11/23 Time: 9:30

Agenda/Item Number: 23-6024 2-1

Issue: City Commission to invest in education.

Name: Nicole Kost

Mailing address: 4467 SW 15th Terr

City: Miami State/Zip: 33134

Phone: 540-631-4180 E-mail: nicolecarrine@yahoo

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 Nicole Kost

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Request to Address City Commission

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

Agenda/Item Number: 2.1

Issue: _____

Name: MARIA C. OLVZ

Mailing address: _____

City: Overland **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 C. Olvz

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Request to Address City Commission

Order of receipt _____

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

Agenda/Item Number: 2-1

Issue: SCRC Resolution 23-6024

Name: JOSHUA GOODMAN

Mailing address: 612 MAJORCA AVE

City: Coral Gables **State/Zip:** FL 33134

Phone: 786-643-1883 **E-mail:** jdgoodman_travel@yahoo.com

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

Representing: PTA Little Carver

- | | |
|---|---|
| <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: Jul Paul

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