DA SEGNAN

City of Coral Gables Request to Address City Commission

LORIUM
PLEASE PRINT
Date: Time:
Agenda/Item Number: 23-5326 6-
Issue: DO VOZ KONL
Name: Vida Rusot
Mailing address: 17 Foodbadila
City:State/Zip:
Phone: 6303373d E-mail:
Are you a registered lobbyist with the City of Coral Gables?
□ Yes □ No
ARS / IMP
Representing:
wish to speak Proponent
I do not wish to speak Opponent
I have been requested to speak To provide information
Comments regarding this issue:
<i>y</i>
Signature

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

City of Coral Gable Request to Addres	
Date: 2/14/23 PLEASE PRIN	NT Time:
Agenda/Item Number:	1 1
Issue: Traffic CAIM!	ng/Flagler
Name: EVELY DIAZ	_ ' Sealur
Mailing address: 36 Mon	HUA AV.
City: C G State	/Zip: FL 33/34
Phone 3 775-9202 E-me	all: evelyndiaz366
Are you a registered lobbyist with the City of Yes	
Are you a registered lobbyist with the City of Yes No	of Coral Gables?
□ Yes □ No	of Coral Gables?
Yes No Representing:	of Coral Gables? Proponent
Representing: I wish to speak I do not wish to speak	Proponent Opponent
Representing: I wish to speak I do not wish to speak I have been requested to speak	Proponent Opponent
Representing: I wish to speak I do not wish to speak I have been requested to speak	Proponent Opponent
Representing: I wish to speak I do not wish to speak I have been requested to speak	Proponent Opponent

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

Date: 14. 1003	Time: 5 50 Ah
Agenda/Item Number:	9
Issue: N. Flylar des	hon 23-5326
Name: Bart Vothegy	OVE
Mailing address: 25 Verka	sup Aug
	ate/Zip: 33134
Phone: 305 450 2589 E-	mail: Up they ove but a
	111101 (7.5)
Are you a registered lobbyist with the Ci	ty of Coral Gables?
Are you a registered lobbyist with the Ci Ves Representing:	ty of Coral Gables?
Yes	ty of Coral Gables? No Proponent
Representing:	No Proponent
Representing:	No
Representing: I wish to speak I do not wish to speak I have been requested to speak	Proponent Opponent
Representing: I wish to speak I do not wish to speak	Proponent Opponent To provide information

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PLORIUM

Order of receipt City of Coral Gables

Request to Address	s City Commission
Date: PLEASE PRIN	IT Time:
Agenda/Item Number:	· 7
Issue:	
Name: MANIA E	- april
Mailing address: 1447141	Nexto
City: 6 - State	/Zip: 33/46
Phone: 5-323-2/54 E-mo	Le beacherzy
Are you a registered lobbyist with the City of Yes	Coral Gables?
Representing:	
I do not wish to speak I have been requested to speak	Proponent Opponent To provide information
Comments regarding this issue:	10 provide information
Signature aus (Luz

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