



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

Order of receipt _____

PLEASE PRINT

Date: 5/10/22 Time: _____

Agenda/Item Number: 8-6

Issue: Bob's Snuggly Shop

Name: NATALIA C. OLIVERA

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 Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

 Signature Natalia C. Olivera

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: _____ Time: _____

Agenda/Item Number: G-6

Issue: Country Club

Name: GAY BANDURANT

Mailing address: 446 ALCAZAR

City: Coral Gables State/Zip: _____

Phone: _____ E-mail: _____

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

Representing: _____

- I wish to speak Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

 Signature _____

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Request to Address City Commission

PLEASE PRINT

Date: _____ **Time:** _____

Agenda/Item Number: G-6

Issue: _____

Name: Marvin Ebbert

Mailing address: _____

City: _____ **State/Zip:** _____

Phone: _____ **E-mail:** _____

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 _____

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