



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

Order of receipt _____

PLEASE PRINT

Date: 5/27/13 Time: _____

Agenda/Item Number: G-13

Issue: Freebee

Name: MARIA C. OLVZ

Mailing address: _____

City: _____ State/Zip: _____

Phone: On Record 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

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