



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

PLEASE PRINT

Date: 4-16-24 Time: 8:50 AM

Agenda/Item Number: F-20 (C-5-10)

Issue: VISION ZERO - Public Comm

Name: Roberta Neway

Mailing address: 1236 So. Alhambra Cr.

City: Coral Gables State/Zip: 33146

Phone: 305.450.5324 E-mail: Roberta.jnc@att.net

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

- Yes  No

Representing: me

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to speak                | <input checked="" 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 \_\_\_\_\_