



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: I-2

Issue: I-2 M25W37AVE

Name: Lilly PARDO

Mailing address: 49 Campina Ct

City: _____ State/Zip: 33134

Phone: 305-803-1506 E-mail: lpardo@icard.com

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 _____

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