



City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 8/27/19 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-1/F-2

Issue: Michael Gale

Name: MARIA E. OLIVER

Mailing address: 447 Miller Rd

City: Coral Gables State/zip: FL 33146

Phone: 305-323-2154 E-mail: hebeabenny@aol.com

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 Maria E. Oliver

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



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Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 8/27/2019 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-1 19-8602

Issue: ALLOWING THE SALE OF ALCOHOL AT BANKUNITED CENTER

Name: ALICIA ARNER

Mailing address: 1410 SIENA AVENUE

City: CORAL GABLES State/zip: 33146

Phone: (305) 978-9759 E-mail: aliciararner@yahoo.com

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 Alicia Arner

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