



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

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

Date: 8/22/23 PLEASE PRINT Time: 10:21

Agenda/Item Number: \_\_\_\_\_

Issue: Pickleball F-6

Name: Veronica Brewer

Mailing address: 3246 Riviera Dr

City: Coral Gables State/Zip: FL

Phone: 786 552 8056 E-mail: v-brewer@trident.com

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:

Support pickleball in the  
community

Signature \_\_\_\_\_



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**Request to Address City Commission**

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

**PLEASE PRINT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: P. Ball F-6

Issue: \_\_\_\_\_

Name: Jorge Diaz

Mailing address: 504 RAMONA AVE

City: CORAL GABLES State/Zip: 33134

Phone: 786 537 1700 E-mail: \_\_\_\_\_

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

Yes  No

Representing: SELF

- |   |   |
|---|---|
| <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: 

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



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

**PLEASE PRINT**

Date: 8/22/23 Time: \_\_\_\_\_

Agenda/Item Number: \_\_\_\_\_

Issue: Pickleball F-6

Name: Maitte Halley

Mailing address: 1245 Milan Ave

City: C. Gables State/Zip: FL 33134

Phone: 3/299-5917 E-mail: maittehalley@gmail.com

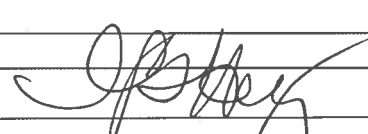
Are you a registered lobbyist with the City of Coral Gables?

Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" 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: 

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