



City of Coral Gables  
Request to Address City Commission

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

PLEASE PRINT

Date: 2/27/24 Time: \_\_\_\_\_

Agenda/Item Number: Annexation H-1

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

Name: Lynne Blustein

Mailing address: 4330 S.W. 15 St

City: Miami State/Zip: FL 33134

Phone: 305 898 5284 E-mail: lynnegivini@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 \_\_\_\_\_