



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

Order of receipt _____

PLEASE PRINT

Date: 5/23 Time: _____
 Agenda/Item Number: 6-9

Issue: _____
 Name: YARA C. CAU
 Mailing address: _____
 City: _____ State/Zip: _____
 Phone: _____ E-mail: _____

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:

 Signature: Yara C. Cau

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



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

Order of receipt _____

PLEASE PRINT

Date: 5.23 Time: _____
 Agenda/Item Number: 6.9 - Public Comms

Issue: MRBILITY HUB
 Name: FRANCOIS
 Mailing address: 300 S. DIXIE
 City: _____ State/Zip: 33154
 Phone: 3387000 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: SESE
 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:

FRANCOIS / HUB
 Signature: FRANCOIS

*Pursuant to Article I, Section 24 of the Florida Constitution,
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