



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 3/8

Time: _____

Agenda/Item Number: FG/F7 (at the time of the item)

Issue: ALVIN CRISTO

Name: MARIA A MELEJERO

Mailing address: 322 CATALONIA AVE

City: CG State/Zip: FL 33134

Phone: 305-733-0029 E-mail: MAME@me.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

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