



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT
 Date: 12-12-23 Time: TIME CERTAIN /

Agenda/Item Number: RETREE COLA ITEM 1

Issue: RETIRED COLA

Name: Christopher Challenger

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" 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: [Signature]

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: 12/12/23 Time: 1250

Agenda/Item Number: I 1

Issue: COLA

Name: RICK COOK

Mailing address: 16775 SW 80 AVE

City: PALMETTO BAY State/Zip: FL 33157

Phone: 3057330012 E-mail: _____

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

Yes No

Representing: CGFD

- | | |
|---|---|
| <input checked="" 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: [Signature]

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City of Coral Gables
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Date: 12/12/23 PLEASE PRINT Time: 11:49

Agenda/Item Number: I-1

Issue: COLA

Name: Tom Zelenak

Mailing address: 17620 SW 89 Ct

City: Palmato Bay State/Zip: FL 33157

Phone: 305-519-1605 E-mail: ta2fish@aol.com

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

Representing: _____

- | | |
|---|---|
| <input checked="" 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 [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12/12 PLEASE PRINT Time: 11:25

Agenda/Item Number: I-1

Issue: RETIREMENT COLA

Name: WALLACE JEFFREY VANCE

Mailing address: 18 DE LEON DR.

City: MIAMI SPRINGS State/Zip: FL 33166

Phone: 305-926-2299 E-mail: JVANCE2269@Bellsouth.net

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

Representing: MYSELF AS A RETIREE

- | | |
|---|---|
| <input checked="" 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 [Signature]



City of Coral Gables
Request to Address City Commission

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Date: 12/12/23 **PLEASE PRINT** Time: _____

Agenda/Item Number: I 1

Issue: PENSION COLA

Name: JOSEPH McNichel

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Representing: RETIRED EMPLOYEES

- | | |
|---|---|
| <input checked="" 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: [Signature]

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City of Coral Gables
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Order of receipt _____

Date: 12/12/23 **PLEASE PRINT** Time: 12:30 PM

Agenda/Item Number: _____

Issue: POLICE COLA

Name: Charles Faidley

Mailing address: 920 NW 132 Ave.

City: SUNRISE State/Zip: FL 33328

Phone: (813) 402-9038 E-mail: cfaidley@bellsouth.net

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

Representing: CG PD

- | | |
|---|---|
| <input checked="" 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: [Signature]

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PLEASE PRINT

Date: 12/12/23 Time: 11:15 AM

Agenda/Item Number: I-1

Issue: COLA

Name: Eric Plescow

Mailing address: 15933 SW 66 Terr

City: Miami State/Zip: FL 33193

Phone: 31972-2972 E-mail: _____

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

Representing: _____

- | | |
|---|---|
| <input checked="" 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: Eric D. Plescow



City of Coral Gables
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PLEASE PRINT

Date: 12/12/23 Time: 1:00 pm

Agenda/Item Number: I-1

Issue: Cola

Name: Michael Chickillo

Mailing address: 11030 SW 80th

City: Miami State/Zip: FL 33156

Phone: 305-496-390 E-mail: chickillo@bellsouth

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

Representing: _____

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



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PLEASE PRINT
 Date: 12/12/23 Time: _____

Agenda/Item Number: I-1

Issue: _____

Name: MARIA C. CAWZ

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Representing: _____

- | | |
|---|---|
| <input checked="" 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: Maria C. Cawz

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PLEASE PRINT
 Date: 12/12/2023 Time: 1:00 PM

Agenda/Item Number: I-1

Issue: Retiree COLA

Name: Hamy Pickering

Mailing address: 2541 N. Nob Hill Rd

City: SUNRISSO State/Zip: FL 33322

Phone: 786-229-1525 E-mail: hpick3@aol.com

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

Representing: FOP Retiree

- | | |
|---|---|
| <input checked="" 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: [Signature]

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