



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 10-10-23 Time: _____

Agenda/Item Number: _____

Issue: Giralde Businesses

Name: Kat LIERENA coral gables
Kat 10 Arago Ave

Mailing address: Kat@shopatstam.com 33131

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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 _____