



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

Order of receipt _____

Date: Jun. 11, 2019 **PLEASE PRINT** **Time:** 9:00

Agenda/Item Number: C-1

Issue: Local Page Resolution

Name: Carlos J. Morales

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 _____

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



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Date: Jun. 11, 2019 **PLEASE PRINT** **Time:** 9:00

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Issue: Local Page Resolution

Name: Marcelo Morales

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 _____

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Date: Jun-11, 2019 Time: 9:00 AM

Agenda/Item Number: C-1

Issue: Local Page Resolution

Name: Andres Ramos

Mailing address: Belen Jesuit Prep.

City: Miami State/Zip: FL/33182

Phone: 305-978-7476 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 AR

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