



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-16 Time: _____

Agenda/Item Number: F-91

Issue: POLICE / ADVISERS

Name: JR HULMES

Mailing address: 35 SIDANIA

City: CORAL GABLES State/Zip: FL

Phone: 305-500-XXXX E-mail: _____

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

Yes No

Representing: SELF

- 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:

DEFERRED ON DISCUSSION

Signature: [Handwritten Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 PLEASE PRINT Time: _____

Agenda/Item Number: F-17

Issue: _____

Name: _____

Mailing address: _____

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: shebeardsnizy@Aol.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: Maria C. Cruz