



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-12

Issue: Pickleball Courts in Coral Gables

Name: CARLOS HALLEY

Mailing address: 1245 MILAN AVE

City: Coral Gables State/Zip: FL 33134

Phone: _____ E-mail: _____

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input checked="" 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:
we need 8 pickleball
courts now
[Signature]

Signature _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: 9/23

Agenda/Item Number: F-12

Issue: Pickleball courts

Name: Josh D'Alemberto

Mailing address: 2285 Tequesta Lane

City: Miami State/Zip: FL 33133

Phone: (305) 431-3939 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 checked="" 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:
The City beautiful needs
new beautiful pickleball
courts for the health of its citizens
[Signature]

Signature _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-16-24 Time: 9:00

Agenda/Item Number: F12

Issue: Pickleball courts

Name: Maria Marin-Sanchez

Mailing address: 60 Edgewater Dr. Apt 10K

City: Coral Gables State/Zip: FL

Phone: 786-853-8532 E-mail: mariam.sanchez10k@gmail.com

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

Yes No

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

We need more dedicated pickleball courts to serve our community due to the ever increasing number of players that need a safe place to exercise

Signature Maria M Sanchez

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: April 16, 2024 Time: 10:20

Agenda/Item Number: F-12

Issue: Pickle ball court

Name: Rosario Duncan

Mailing address: 3070 Freeman St

City: Miami State/Zip: FL 33133

Phone: 305-215-3393 E-mail: rosario.duncan@gmail.com

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

Yes No

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

I want Pickle ball courts

Signature Rosario Duncan

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: _____

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input 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 _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/14/24 Time: 9:02 am

Agenda/Item Number: _____

Issue: Pickle ball Courts.

Name: Mara Rodriguez-Mena

Mailing address: 2505 Granada Blvd

City: Coral Gables State/Zip: FL 33134

Phone: (3) 244-0975 E-mail: mararmena@gmail.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:

We need additional
pickle ball courts in the
City Beautiful!

Signature Man



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16 Time: _____

Agenda/Item Number: F-12

Issue: PICKLEBALL, PICK 4

Name: JR HOLMES

Mailing address: 35 S. Dania

City: _____ State/Zip: _____

Phone: 338 5000 E-mail: _____

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

Representing: SELF

- | | |
|---|---|
| <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:
DEPT STORE AT
345 ADALUSIA

Signature: JR Holmes

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: April 16, 2024 Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: Alexander Jimenez

Mailing address: 507 Sesuvia Street

City: Coral Gables State/Zip: FL 33134

Phone: 305 886 8809 E-mail: JimenezJalexand
@Smell.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:
8 dedicated pickleball courts

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: 4/6/24 Time: 9 AM

Agenda/Item Number: Public

Issue: Pickle Ball

Name: Leonel Ortiz

Mailing address: 1300 Ponce de Leon Blvd 805

City: Coral Gables State/Zip: FL 33134

Phone: 301 701 8 E-mail: LEONEL.ORTIZ@CGM.COM

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

Yes No

Representing: _____

- | | |
|---|---|
| <input 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 _____

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Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: _____

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input 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 _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 9/16/24 Time: 9AM

Agenda/Item Number: F12

Issue: Pickle BALL dedicated courts

Name: MOUNA dos SANTOS

Mailing address: 2030 S Douglas Rd #820

City: CG State/Zip: FL 33134

Phone: 305-398-0032 E-mail: MOUNA.SANTOS@EMIL.COM

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

In need of additional PB Courts

Signature [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: 9:10

Agenda/Item Number: F12

Issue: Pickleball Courts

Name: Maria Costa

Mailing address: 218 Shore Dr. South

City: Miami State/Zip: FL 33133

Phone: 305-926-2654 E-mail: maria.costa.926@gmail.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

We need more courts.

Signature Maria Costa



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/2024 **PLEASE PRINT** Time: _____

Agenda/Item Number: 12 - DEDICATED PICKLEBALL

Issue: PICKLEBALL COURTS

Name: JORGE RODRIGUEZ MENA

Mailing address: 2505 GRANADA BLVD

City: CORAL GABLES State/Zip: FL 33134

Phone: (305) 796 8780 E-mail: JR1004305@GNAK.COM

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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
Request to Address City Commission

Order of receipt _____

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

Agenda/Item Number: F-12

Issue: Pickleball courts

Name: ENRICO ARGUELLES

Mailing address: 804 MAJORCA CIRCLE

City: CORAL GABLES State/Zip: FL 33134

Phone: 406 860 9111 E-mail: RICO.MARTELA@GMAIL.COM

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input checked="" 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:

Pickleball courts downtown will
increase foot traffic and
benefit downtown business

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 _____

Date: 04/16/24 PLEASE PRINT Time: F-12

Agenda/Item Number: _____

Issue: _____

Name: Marcela Schwartz

Mailing address: 515 Valencia Ave #201

City: Coral Gables State/Zip: FL-33134

Phone: 786-200 8441 E-mail: marcelaschwartz@

gmail.com

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

Yes No

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

8 Dedicated Pickleball courts NOW

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 04/16/24 PLEASE PRINT Time: F-12

Agenda/Item Number: _____

Issue: _____

Name: GUY D. BRAUVOIR

Mailing address: 7845 SW 53 Ct

City: Miami State/Zip: 33143

Phone: (3) 607 4414 E-mail: GUYBRAUVOIR 46

@GMAIL

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

Yes No

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

8 DEDICATED PICKLEBALL COURTS NOW

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 _____

Date: 4-16-24 PLEASE PRINT Time: 9:00 AM

Agenda/Item Number: F12

Issue: Pickleball-dedicated courts

Name: Gina Giralt

Mailing address: 427 Cadima Ave

City: CG State/Zip: FL 33134

Phone: 404 2345200 E-mail: ginagiralt@gmail.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:
We need more courts

Signature: G Giralt



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 PLEASE PRINT Time: 9:00 AM

Agenda/Item Number: F-12

Issue: PICKLE BALL

Name: DEREK BYERLEE

Mailing address: 825 SEVILLA AVE

City: CG State/Zip: 33184

Phone: 202-492-2544 E-mail: dbyerlee@gmail.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:
Strongly support the construction of new pickle ball courts dedicated to pickle ball

Signature: D. Byerlee



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/2024 Time: 10:15 AM

Agenda/Item Number: F-12

Issue: Pickleball courts Now

Name: Rafael Guerrero

Mailing address: 1140 Castle

City: Coral Gables State/Zip: FL-33134

Phone: 305.302.1101 E-mail: r.guerrero@cederived.com

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

Yes No

Representing: My 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:

We need 8 dedicated pickleball courts

Signature [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-16-24 Time: 10 AM

Agenda/Item Number: F-12

Issue: Pickleball courts Now

Name: Roberto Mallens

Mailing address: 621 MINORCA AVE

City: CORAL GABLES State/Zip: 33134

Phone: 305.790.3987 E-mail: RLmallens@cederived.com

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

Yes No

Representing: myself

- 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:

We need 8 dedicated pickleball courts Now

Signature [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/2024 Time: _____

Agenda/Item Number: F12

Issue: _____

Name: Raul R Gonzalez

Mailing address: 3130 Herwardo st Apt 4

City: Coral Gables State/Zip: FL 33134

Phone: 786 520 9057 E-mail: _____

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:
We Need 8 dedicated Pickleball
COURTS NOW.

Signature: [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: ~~F-12~~ F-12

Issue: Pickleball Courts

Name: Sandy Wiegler

Mailing address: 300 Majorca Ave #402

City: Coral Gables State/Zip: FL 33134

Phone: 410-736-2226 E-mail: sandywiegler@yahoo.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input checked="" 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:
Strongly support more pickleball
COURTS. There is great demand
and limited courts. Thank you.

Signature: [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: _____

Agenda/Item Number: F-12

Issue: _____

Name:  **Maria Cruz**

Mailin: **1447 Miller Rd**
Coral Gables, FL 33146-2307

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: floracruz@

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 Cruz



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: April 16, 2024 Time: 11:15 am

Agenda/Item Number: F.12 - File #24-7004

Issue: Pickleball Courts at Parking Garage #4

Name: Tom Wells

Mailing address: 1310 Coral Way

City: Coral Gables State/Zip: FL 33134

Phone: 305 588-3984 E-mail: tom@twells.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:

proponent of pickleball courts

Signature Thomas Wells

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4-16-24 Time: 11:30

Agenda/Item Number: F12

Issue: Pickleball

Name: Maitte Haller

Mailing address: 1245 Milan Ave

City: CG State/Zip: FL 33187

Phone: _____ E-mail: maittehall@
gmail.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 _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 PLEASE PRINT Time: 9:30 AM

Agenda/Item Number: F-12

Issue: Dedicated Pickleball courts

Name: Jorge Diez

Mailing address: 504 ZAMORA AVE

City: CORAL GABLES State/Zip: FLA 33134

Phone: 786 537 1700 E-mail: _____

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input checked="" 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:

DEDICATED PICKLEBALL NOW!

Signature: [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/16/24 PLEASE PRINT Time: 9 AM

Agenda/Item Number: _____

Issue: Pickleball courts

Name: Celio Romanach

Mailing address: 1432 Santa Cruz Ave

City: Coral Gables State/Zip: 33134

Phone: _____ E-mail: romanach6@aol.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input checked="" 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:

We need more pickleball courts in our vibrant city.

Signature: [Signature]



City of Coral Gables
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Order of receipt _____

PLEASE PRINT

Date: 4/16/24 Time: _____

Agenda/Item Number: F-12

Issue: PICKLEBALL COURTS

Name: ROSA + DAVID MAGNUSSON

Mailing address: 1509 MANTVA AVENUE

City: _____ State/Zip: 33146

Phone: 305-710-7669 E-mail: rosamagnusson@comcast.net

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

8 DEDICATED PICKLEBALL COURTS

Signature: [Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/18/2024 Time: _____

Agenda/Item Number: F12

Issue: Pickleball Courts in Coral Gables

Name: Elise Morales

Mailing address: 60 Edgewater Dr. #6C

City: Coral Gables State/Zip: FL 33133

Phone: 305 336 6353 E-mail: elisemorales@aol.com

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

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" 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:

We need 8 dedicated pickleball courts.

Raise this city to level we are use to

Signature: [Signature]