

City of Coral Gables Request to Address City Commission

PLEASE PRINT Agenda/Item Number Mailing address: Are you a registered lobbyist with the City of Coral Gables? Representing: Proponent I wish to speak Opponent I do not wish to speak 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.



City of Coral Gables Request to Address City Commission

DLEASE DRINT
Date: Sp. 13 PLEASE PRINT Time:
Agenda/Item Number:
Issue:
Name: A. REINHARDI
Mailing address: 220 Mg
City: State/Zip: 33134
Phone: 305 356 0311 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 Surlus

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Signature_

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

Order of receipt

PLEASE PRINT Agenda/Item Number: _ Estrellasibi Mailing address: _____ City:_____ State/Zip: _____ Phone: _____ E-mail: _____ Are you a registered lobbyist with the City of Coral Gables? □ _{Ves} □ 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:

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