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

Order of receipt\_

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2) /26/19 PLEASE PR	INT
Date:	Time:
Agenda/Item Number:	4
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Issue: E/Coffinal +30	uy Louing
Name: MANIA C	ENZ.
Mailing address: 1447 M	illes Ra
Circles Coables	te/Zip: #133/4
705 272 9box 6	Shal-andlanted
Phone: 203-3237 E-n	nail Commence
Are you a registered lobbyist with the City Yes  Representing:	of Coral Gables?
_/	
I wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information
Control to the second second	
Comments regarding this issue:	
- Allani	- O. Luc
Signature Signature	L. Chu

this document, and information contained therein, is a public record.