



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8-27 **PLEASE PRINT** **Time:** 11:15

Agenda/Item Number: 6-1234

Issue: STYROFOAM CT RY/WB

Name: J RICHMONS

Mailing address: 35 SW 10th A

City: COBBLES **State/Zip:** 33134

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:

WE SHOULD PRESS OUR
CASE IN COURT

Signature: [Signature]

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