



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 9/10/19 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: G-5

Issue: BLUE ROAD OPEN SPACE

Name: ROBERT RUANO

Mailing address: 1544 MURCIA AVE

City: CG **State/Zip:** 33

Phone: _____ **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 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:

SUPPORT MAKING THIS A
PARK THIS YEAR.

Signature _____

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