



City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 9/10 Time: 10:07

Agenda/Item Number: G2

Issue: Special Tax District Ordinance Amend

Name: JUAN A. GALAN JR

Mailing address: 355 Cocoplum Road

City: Coral Gables State/Zip: FL 33143

Phone: 305 662-5780 E-mail: MIAJAG@YAHOO.COM

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:

Better than original but would like to see 75% vs 66.6% for sunset provision.

Signature: [Handwritten Signature]

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