



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 12 SEP 2019 PLEASE PRINT Time: 3:00

Agenda/Item Number: SPECIAL TAXING DISTRICT-10

Issue: _____

Name: R. DICKINSON

Mailing address: 6520 MAH1 DRIVE

City: CORAL GABLES State/Zip: FL 33158

Phone: 305 318 2446 E-mail: rod@

Are you a registered lobbyist with the City of Coral Gables?

☐ Yes ☒ No

Representing: KINGS BAY

- ☒ 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 R. Dickinson

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

Order of receipt _____

Date: 9/12/19 PLEASE PRINT Time: _____

Agenda/Item Number: A-6

Issue: Grand House

Name: MICHAEL PETERSON

Mailing address: 14625 SWANPER DR

City: CG State/Zip: 33158

Phone: 305 251 7932 E-mail: MICHAELPETERSON14625@gmail.com

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 Michael Peterson

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City of Coral Gables
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Date: 9/12/19 PLEASE PRINT Time: 3:00

Agenda/Item Number: 0

Issue: Special Taxing District (Kings Bay)

Name: Rodolfo Nunez

Mailing address: 14645 Swapper Dr.

City: Coral Gables State/Zip: FL 33158

Phone: 305 443 2440 E-mail: RNUNEZ@ACG-LAW.COM

Are you a registered lobbyist with the City of Coral Gables?

☐ Yes ☒ No

Representing: Homeowner

- ☒ 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:

Necessity for Residents to Vote
ON ANY EXPENDITURES TOWARD
ENHANCED SECURITY.

Signature: [Signature]

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Order of receipt _____

Date: 09-12-19 PLEASE PRINT Time: _____

Agenda/Item Number: #6

Issue: KINGS BAY GROUND FLOOR

Name: MARK MORRIS

Mailing address: 6301 DOLPHIN DR.

City: Coral Gables State/Zip: 33158

Phone: 305-282-2244 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:

OBJECTION TO NEW
ASSASSINAT WITH OUT
PAID PROTECTIVE SERVICE

Signature: [Signature]

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