



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

Order of receipt \_\_\_\_\_

**PLEASE PRINT**

Date: 9/12/2019 Time: 15

Agenda/Item Number: SUNRISE HARBOR -10

Issue: ASSESSMENT

Name: RALPH GREEN

Mailing address: 6915 SUNRISE CT

City: CORAL GABLES State/Zip: FL 33133

Phone: 305-773-7350 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: 

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