City of Coral Gab Request to Addres	les SS City Commission
Date: 10/8/19PLEASE PRII Agenda/Item Number: 19-3	Time:
Name: Mailing address: 1447 M1 City: 0 5 5 5 5 5 5 6 5 5 6 5 6 6 6 6 6 6 6 6	e/Zip: FL33/+Coally heberehevez of Coral Gables?
Representing: I wish to speak I do not wish to speak I have been requested to speak Comments regarding this issue:	Proponent Opponent To provide information

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

Signature