



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 11/12 PLEASE PRINT Time: _____

Agenda/Item Number: He Menical

Issue: _____

Name: Brett Gills

Mailing address: 815 Ferdinand St

City: Coral Gables State/Zip: FL 33134

Phone: _____ E-mail: _____

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

☐ Yes ☒ No

Representing: Self

☒ 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:

Signature: [Signature]

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: 11/12 PLEASE PRINT Time: 10:30

Agenda/Item Number: _____

Issue: 333 Catalonia

Name: Jeanne Meacher

Mailing address: 1225 Valencia Avenue

City: Coral Gables State/Zip: FL 33134

Phone: 305-753-5821 E-mail: jeanne.meacler@lsmednet.net

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

☐ Yes ☒ No

Representing: Villages, Merrick House, Homebush

☒ 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:

Signature: Jeanne Meacher

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 11-12-19 PLEASE PRINT Time: 10a

Agenda/Item Number: _____

Issue: Appraisal Discussion

Name: Karela Martinez Gutierrez

Mailing address: 532 Alhama Ave

City: CG State/Zip: 33146

Phone: _____ 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:

Signature: [Handwritten Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 11.12.19 PLEASE PRINT Time: _____

Agenda/Item Number: G-1

Issue: Historic Board Process

Name: Roberta Newey

Mailing address: 1236 So. Alhambra Ctr

City: Coral Gables State/Zip: FL 33146

Phone: 305.450.5324 E-mail: Robertajnewey@aol.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: [Handwritten Signature]

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