COMPA		
FLORIDA		

City of Coral Gables Request to Address City Commission

Order of	receipt

PLEASE PRINT		
Date: A / 1/9020	Time:	
Agenda/Item Number:	-2	
Issue: Justamabili	ty	
Name: MANA Q-CI	WZ	
Mailing address:	i/106 8d	
City: Mables Star	te/Zip: \$23314	
Phone 5-323-2/54 E-n	nail: the beachens	
Are you a registered lobbyist with the City	of Coral Gables?	
Yes	lo	
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:		
	Line	
Signatura		

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