



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 10/12/21 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: MED BONUS- Blue Ribbon Panel

Name: Sue Kowalewski

Mailing address: 6830 GRATIAN ST.

City: _____ State/Zip: _____

Phone: _____ E-mail: טיפpeople@ymadi.com

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

☐ Yes

☒ No

Representing: CGNA

☐ 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: S. Kowalewski

*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: _____

PLEASE PRINT

Date: 10/12/2021 Time: _____

Agenda/Item Number: F-4

Issue: HEALTH CARE

Name: MEISTERER

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: meisterer@att.net

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

☐ Yes ☒ No

Representing: _____

☒ 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: Meisterer

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 10-12-21 Time: 9:55

Agenda/Item Number: Blue Ribbon

Issue: _____

Name: Gregory S. Korb

Mailing address: 228 Alamo Ave

City: Coral Gables State/Zip: FL 33134

Phone: 305-488-0828 E-mail: gregorys@coral.net

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

☐ Yes ☒ No

Representing: _____

☒ 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:

Positive comments re: Blue Ribbon

Signature: Gregory S. Korb

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