	Order of receipt
City of Coral Gable Request to Address	
Date: 11/9/21 PLEASE PRIN	T fime: <u>//; % 4 5</u>
Agenda/Item Number: <u></u> + 4	
Issue: Questions-App	licant & Gert.
Name: Anthony Par	
Mailing address: 1825 Ponce	
City: Lora (Gables State)	Zip: FL
Phone: 305-446-1312 E-ma	il: Paulgund 43
Phone: 303-446-1312 E-mail: Paulgund 433 @ 9 mail. Co Are you a registered lobbyist with the City of Coral Gables? Ves 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:	
Questions about	Block 28

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

Signature.