

Comprehensive Plan Citizen Courtesy Information List

Local Government: City of Coral Gables

Amendment: _____

Hearing Date: _____

Type Hearing: Transmittal (Proposed) or Adoption

DCA Amendment Number: _____ (DCA Official Use)

Please Print Clearly

By providing your name and address you will receive information concerning the date of publication of the Notice of Intent by the Department of Community Affairs.

Citizen Name	Address City, State, Zip Code	Check Appropriate Response(s)		Identify Amendment which is of Interest
		Written Comment	Spoken Comment	