



City of Coral Gables

Miracle Mile & Giralda Avenue Streetscape Project

COMMUNITY AWARENESS PROGRAM CONTACT LOG

MIRACLE MILE

Today's Date: _____

Once you provide us with your personal information, you can be assured it will be used only to provide you with updates and information related to the streetscape project.

CONTACT INFORMATION

Owner Contact: _____ E-Mail Address: _____

Manager Contact: _____ E-Mail Address: _____

Name of Business: _____

Business Address: _____

Telephone Number: _____ Emergency Number: _____

E-Mail Address: _____ Fax Number: _____

Daytime Supervisor and Telephone: _____

Nighttime Supervisor and Telephone: _____

BUSINESS INFORMATION

Are you the property owner of above mentioned property address? Owner ☐ Tenant ☐

Type of Business: _____

What are your business hours and days of operations? _____

What are your busiest/peak hours and peak days or nights? _____

What street does the delivery service use for your delivery (i.e. side entrance on ABC street) _____

What time of day do you usually receive most deliveries? List times AM _____ PM _____

How would you like to receive traffic advisories & project information? E-Mail ☐ Phone ☐ Text ☐



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Who should be the contact person for traffic advisories and project information? _____

Special Events? If yes, please list date, time of day, and expected attendance. _____

When is trash service provided: Days, time and pick-up location? _____

The City would like to meet with you to discuss options to best facilitate a seamless transition in the best interest of your property and the overall streetscape. We will be scheduling a meeting with all property owners who may be interested in participating in a program to modify the paving area and/or storefronts within your private property. If you are interested in participating, please let us know so that you may be included in the meeting.

Please list any additional comments or concerns: _____

MAILING ADDRESS

STANTEC
901 Ponce de Leon Blvd.
Suite 900
Coral Gables, FL 33134

PRIMARY CONTACT

Sandra Hodge
STANTEC
901 Ponce de Leon Blvd., Suite 900
Coral Gables, FL 33134
Tel. 786-4376689
Fax 305-445-3366
sandra.hodge@stantec.com

SECONDARY CONTACT

Lorena Garrido
City of Coral Gables PWD
2800 SW 72nd Avenue
Miami, FL 33155
Tel. 305-460-5032
Fax 305-460-5080
lgarrido@coralgables.com