



City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 7/11/23 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: G-9

Issue: \_\_\_\_\_

Name: \_\_\_\_\_



Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 Maria C. Cruz

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