



**City of Coral Gables**  
**Request to Address City Commission**

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

**Date:** 6/13/23 **PLEASE PRINT** **Time:** \_\_\_\_\_

**Agenda/Item Number:** G-10

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

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



María Cruz  
1447 Miller Rd  
Coral Gables, FL 33146-2307

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Phone:** 305-323-2154 **E-mail:** shebeachenz@AOL.com

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:** María Cruz

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