



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/28/23 PLEASE PRINT Time: 11:00 AM *time certain*

Agenda/Item Number: H-1

Issue: Cultural Development Grant Program

Name: MARIA C. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeachecruz@Ad. edu

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.