



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

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

**Date:** 9/29/23 **PLEASE PRINT** **Time:** \_\_\_\_\_

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

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

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

**M**  Ms. Maria Cruz  
1447 Miller Rd  
Coral Gables, FL 33146

**City:** \_\_\_\_\_ **e/Zip:** \_\_\_\_\_

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

Are you a registered lobbyist with the City of Coral Gables?

- Yes  No

**Representing:** \_\_\_\_\_

- I wish to speak  Proponent  
 I do not wish to speak  Opponent  
 I have been requested to speak  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.*