



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

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

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

Agenda/Item Number: G-7

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

Name:  Maria Cruz  
1447 Miller Rd  
Coral Gables, FL 33146-2307

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

Phone: 305-323-2154 E-mail: thebeachcruz@

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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 Cruz

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