




City of Coral Gables Order of receipt _____
Request to Address City Commission

Date: 4/14/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: F-2

Issue: _____

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

City: _____ **State/Zip:** _____

Phone: 305-323-2154 **E-mail:** thebeachervz4@aol.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: 

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