



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

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

Date: 5/23/23 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: G-1

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

Name: MARIA C. CRUZ

Mailing address: \_\_\_\_\_

City: Orlando State/Zip: FL 32801

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

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.*