



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

Order of receipt _____

PLEASE PRINT

Date: 6/28/22 Time: _____

Agenda/Item Number: F-12, F-13, F-14, F-17

Issue: 1505 Powell Street

Name: MARIA C. ORUZ

Mailing address: _____

City: _____ State/Zip: _____

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. Oruz

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