



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/28/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: _____

Issue: G-9

Name: MARIA C. ORUZ

Mailing address: 1447 Miller Rd

City: C. G. **State/Zip:** FL 33146

Phone: 305-323-2154 **E-mail:** hobeechenzy@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

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



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Date: 3/28/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: G-9

Issue: Annexation

Name: LYNNE BLUSTEIN

Mailing address: 4330 S.W. 15 Street

City: MIAMI **State/Zip:** FL 33134

Phone: 3058985284 **E-mail:** lynequini@yahoo.com

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

Yes No

Representing: Myself

- | | |
|---|---|
| <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

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