



City of Coral Gables  
Request to Address City Commission

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

Date: 2/13/24 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-7

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

	Maria C. Cruz 1447 Miller Rd. Coral Gables, FL 33146-2307
	City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: thebeachercruz@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. Cruz

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