



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

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

**PLEASE PRINT**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Agenda/Item Number:** IC

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

**Name:** MARIA C. CRUZ

**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

Proponent

I do not wish to speak

Opponent

I have been requested to speak

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.*