



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/20/23 Time: _____

Agenda/Item Number: F-4

Issue: _____

 <p>Ms. Maria Cruz 1447 Miller Rd Coral Gables, FL 33146</p>	<p>City/State/Zip: _____</p>
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Phone: _____ E-mail: _____

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 Cruz

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