



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 3/12/24 Time: _____

Agenda/Item Number: E-4

Issue: _____

Name:  Maria C. Cruz
 1447 Miller Rd.
 Coral Gables, FL 33146-2307

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. Cruz

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



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: E-4

Issue: BUBLYX

Name: JA HANNA

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: _____

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