



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT
Date: 2/26/19 Time: _____

Agenda/Item Number: I 1

Issue: FDOT Improvement Klausberg

Name: MARIA C. CRUZ

Mailing address: 1447 Milkes Rd

City: Coral Gables State/Zip: FL 33144

Phone: 305-323-2154 E-mail: thebeacherry@att.com

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.