



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/2/2020 Time: _____

Agenda/Item Number: F-2

Issue: Special Assessment

Name: MARIA C. CRUZ

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City: C. Gables State/Zip: FL 33146

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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.