Order of receipt_____

City of Coral Gables
Request to Address City Commission

PLEASE PRINT

Date: 5/7/24 **Time:** _____

Agenda/Item Number: E-6

Issue: _____

Nam

Mail

City: **/Zip:**

Maria 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

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