



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/24/01 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: G-20

Issue: C.C. Mtg to begin @ 1:00 P.M.

Name: MARIA C. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables **State/Zip:** FL 33146

Phone: 305-323-2154 **E-mail:** thebeachnzy@aol.com

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.