



Order of receipt _____
City of Coral Gables
Request to Address City Commission

PLEASE PRINT

Date: 10/11/22 Time: _____

Agenda/Item Number: I-6

Issue: _____

Name: MARIA C. OJUZ

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 Proponent
- I do not wish to speak Opponent
- I have been requested to speak To provide information

Comments regarding this issue:

Signature: Maria C. Ojuz