



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/23/23 PLEASE PRINT Time: C-4

Agenda/Item Number: _____

Issue: clock

Name: MARIA A. DE LUCA

Mailing address: _____

City: Coral Gables State/Zip: _____

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: Maria De Luca

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