



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3/28/23 **PLEASE PRINT** Time: \_\_\_\_\_

Agenda/Item Number: F-1

Issue: \_\_\_\_\_

Name: MARIA A. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305 325 2154 Email: hobegachary@fsl.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: Maria A. Cruz

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