



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 1/14/23 Time: _____

Agenda/Item Number: 2-1

Issue: Respiration

Name: _____

Mailing c  Maria Cruz
1447 Miller Rd
Coral Gables, FL 33146-2307

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: thebeachecruz4@aol.com

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 Cruz

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