



City of Coral Gables  
Request to Address City Commission


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

PLEASE PRINT

Date: 10/24/23 Time: \_\_\_\_\_

Agenda/Item Number: E-5

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

	Maria C. Cruz	_____
	1447 Miller Rd.	_____
	Coral Gables, FL 33146-2307	_____

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 C. Cruz