



City of Coral Gables
Request to Address City Commission

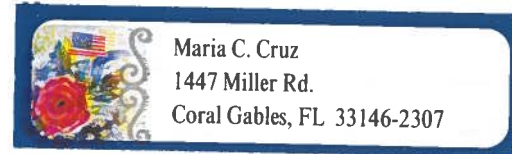
Order of receipt _____

PLEASE PRINT

Date: 10/24/23 Time: _____

Agenda/Item Number: E-5

Issue: _____



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. Cruz