



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-1

Issue: _____

Name: MARIA O. CRUZ

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City: Coral Gables State/Zip: FL 33146

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Aol.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 O. Cruz

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