

Order of receipt **City of Coral Gables Request to Address City Commission PLEASE PRINT** Date: Time: Agenda/Item Number: Issue: Name: Maria Cruz 1447 Miller Rd Mailing a Coral Gables, FL 33146-2307 City: State/Zip: E-mail: Are you a registered lobbyist with the City of Coral Gables? C Yes No Representing: Proponent VI wish to speak I do not wish to speak Opponent ☐ I have been requested to speak To provide information Comments regarding this issue:

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

Signatur