



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: ~~F-13~~ F-12

Issue: _____



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

City: _____ State/Zip: _____

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

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