



City of Coral Gables  
Request to Address City Commission


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

PLEASE PRINT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agenda/Item Number: 5-1

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: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Maria C. Cruz

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