



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/23/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: B-12

Issue: _____

Name: MARIA @ CMZ

Mailing address: _____

City: On Record **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 Maria @ CMZ

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