



City of Coral Gables  
Request to Address City Commission

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

PLEASE PRINT

Date: 1/23/24 Time: \_\_\_\_\_

Agenda/Item Number: L-1

Issue: \_\_\_\_\_

Name: \_\_\_\_\_



City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

Yes

No

Representing: \_\_\_\_\_

I wish to speak

Proponent

I do not wish to speak

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature Maria Cruz