




City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 7/11/23 PLEASE PRINT Time: _____

Agenda/Item Number: E-2

Issue: _____

Name:  Maria C. Cruz
1447 Miller Rd.
Mail: 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: 