Order of receipt ____

# City of Coral Gables
# Request to Address City Commission

**PLEASE PRINT**

**Date:** 3/12/24 **Time:** _____

**Agenda/Item Number:** F-11

**Issue:** _____

**Name:** _____

**Mailing a**

**City:**

Ms. Maria 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: MCC

☑ 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.*