



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 6/13/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: F-7

Issue:  Maria Cruz
1447 Miller Rd
Coral Gables, FL 33146-2307

Name: _____

Mailing address: _____

City: _____ **State/Zip:** _____

Phone: 305-323-2154 **E-mail:** thepeachcruz@flaol.com

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 Cruz

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