



City of Coral Gables  
Request to Address City Commission

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

PLEASE PRINT

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

Agenda/Item Number: E-5

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

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



Mailing address: \_\_\_\_\_

Ms. Maria Cruz  
1447 Miller Rd  
Coral Gables, FL 33146

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

Phone: 305-323-2154 E-mail: shebeachenzky@aol.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 C. Cruz