



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5/10/22 Time: _____

Agenda/Item Number: F-9

Issue: Window Wraps

Name: MARIA A Cruz

Mailing address: _____

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 [Handwritten Signature]

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