




City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 9/26/23 PLEASE PRINT Time: _____

Agenda/Item Number: E-1

Issue: _____

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

Mailing address: _____

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: thbeachcnzy@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 L. Cruz