



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/23/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: A-3

Issue: _____

Name: MARIA R. OWE

Mailing address: 1447 Miller Rd

City: Coral Gables **State/Zip:** FL 33146

Phone: 305-323-2154 **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 Maria R. Owe

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