



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 7/11/23 Time: _____

Agenda/Item Number: F-6

Issue: _____

Name Ma Cit Ph		<i>Maria C. Cruz</i>	_____
		1447 Miller Rd.	_____
		Coral Gables, FL 33146-2307	_____
		★★★★★★	_____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Maria C. Cruz

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