



City of Coral Gables  
Request to Address City Commission

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

PLEASE PRINT

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

Agenda/Item Number: E-4

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

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

Ms. Maria Cruz  
1447 Miller Rd

Mailing address: Coral Gables, FL 33146



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

Phone: 305-323-2154 E-mail: thobeachcruz@AOL.com

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

Yes

No

Representing: \_\_\_\_\_

I wish to speak

Proponent

I do not wish to speak

Opponent

I have been requested to speak

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.