



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/12/24 **PLEASE PRINT** Time: _____

Agenda/Item Number: 2-1 & G-1

Issue: _____

Name: _____

Ma  Ms. Maria Cruz
 1447 Miller Rd
 Coral Gables, FL 33146 Zip: _____

Phone: 305-323-2154 E-mail: thebeachcrzy@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 C. Cruz

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



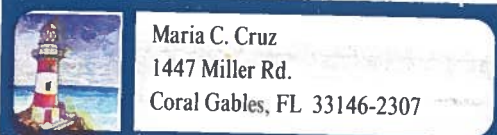
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 Coral Gables, FL 33146-2307 Zip: _____

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