



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/28/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: EB

Issue: _____

Name: MARIA O. CRUZ

Mailing address: 1447 Millard Rd

City: C.G. **State/Zip:** FL 33146

Phone: 305-323-2154 **E-mail:** phobeachery@comcast.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 O. Cruz

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