



City of Coral Gables  
Request to Address City Commission

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

Date: 10/11/27 PLEASE PRINT  
Time: \_\_\_\_\_

Agenda/Item Number: E-6

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

Name: MARIA C. CAUZ

Mailing address: 1447 Miller Rd

Coral Gables State/Zip: FL 33146

Phone: \_\_\_\_\_ 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
- To provide information

- Proponent
- Opponent

Comments regarding this issue:

Signature: Maria C. Cauz

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