



City of Coral Gables
Request to Address City Commission

Order of receipt _____

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

Agenda/Item Number: F-4

Issue: _____

Name: MARIA Q. LOVZ

Mailing address: 1447 Miles Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-333-2154 Email: lovaq@comcast.net

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 Q. Lovz

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