



**City of Coral Gables
Request to Address City Commission**

Order of receipt _____

PLEASE PRINT

Date: 5/31/22 Time: _____

Agenda/Item Number: Consent

Issue: Agenda ~~E~~1-~~E~~2-~~E~~3-
~~E~~4

Name: MARIA Q. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-373-2154 E-mail: theboachlenz9@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 Q. Cruz

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