



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

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


**PLEASE PRINT**

**Date:** 10/24/23 **Time:** \_\_\_\_\_

**Agenda/Item Number:** F-5

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

**Name:** \_\_\_\_\_



Maria C. Cruz  
1447 Miller Rd.  
Coral Gables, FL 33146-2307

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?

- Yes  No

**Representing:** \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> 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.*