



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

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

**PLEASE PRINT**

Date: 5/9/23 Time: \_\_\_\_\_

Agenda/Item Number: 6-15

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

Name: MARIA A. Cruz

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: ON hold 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

Proponent

Opponent

To provide information

Comments regarding this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: Maria A. Cruz

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