



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/26/19 PLEASE PRINT Time: _____

Agenda/Item Number: G-3

Issue: Memorial Plaque

Name: MARIA C. GARCIA

Mailing address: 1447 Miller Rd
 City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thelobbiest@coral.com

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 C. Garcia

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