



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/7/24 PLEASE PRINT Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: _____
Mailing:  Maria Cruz
1447 Miller Rd
Coral Gables, FL 33146-2307

City: _____ State/City: _____

Phone: _____ E-mail: an allard

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 Cruz

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