



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5/9/23 Time: _____

Agenda/Item Number: C-5 C-5

Issue: _____

Name: MARIA C. CRUZ

Mailing address: _____

City: Orlando State/Zip: FL 32801

Phone: _____ 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 C. Cruz

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