



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/26/19 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: D-4

Issue: FDOT \ Coral Gables

Name: MARIA C. CRUZ

Mailing address: 1947 Miller Rd

City: Coral Gables **State/Zip:** FL 33141

Phone: 305-323-2154 **E-mail:** thebeachoney@adl.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. Cruz

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