



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

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

**PLEASE PRINT**

**Date:** 9/26/23 **Time:** \_\_\_\_\_

**Agenda/Item Number:** F-14

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

	Ms. Maria Cruz 1447 Miller Rd Coral Gables, FL 33146	_____ _____ <b>City:</b> _____ <b>State/Zip:</b> _____
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**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.*