



City of Coral Gables Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 6/28/22 Time: 4:30

Agenda/Item Number: _____

Issue: Coral Gables

Name: MARIA C. PEREZ

Mailing address: _____

City: _____

State/Zip: _____

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. Perez

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