



City of Coral Gables  
Request to Address City Commission

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

**Date:** 9/20/23 **Time:** \_\_\_\_\_

**Agenda/Item Number:** E-4

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



Ms. Maria Cruz  
1447 Miller Rd  
Coral Gables, FL 33146

**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 Cruz

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