



City of Coral Gables
Request to Address City Commission


Order of receipt _____

Date: 8/22/23 PLEASE PRINT Time: _____

Agenda/Item Number: E-6

Issue: _____

Name: _____

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

Phone: 305-323-2154 Email: _____

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: 