

City of Coral Gabl Request to Addres	es Order of receipt
Date: PLEASE PRINT Time: Agenda/Item Number:	
Ms. Maria Cruz 1447 Miller Rd Coral Gables, FL 33146	
Phone: E-mail: Are you a registered lobbyist with the City of Coral Gables?	
Representing:	*:
I wish to speak	Proponent Opponent
I have been requested to speak To provide information Comments regarding this issue:	
Signature Ale) lus

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