



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 9/13/22 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: _____

Issue: Budget
~~Special Assessment~~

Name: MARIA C. CRUZ

Mailing address: 1447 Miller Rd

City: C. G. **State/Zip:** FL

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.*