



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 8/24/21 Time: _____

Agenda/Item Number: L 1

Issue: Doctors of Pasturing Sale

Name: MARIA C. CRUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: hobeseh@ms24@Adi.com

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.