



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 12/12/25 Time: _____

Agenda/Item Number: F-14

Issue: _____

Name: MARIA A. Cruz

Mailing address: _____

City: On record 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 A. Cruz

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