



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 5/9/23 PLEASE PRINT Time: _____

Agenda/Item Number: E-5

Issue: MARIA C. CRUZ

Name: MARIA C. CRUZ

Mailing address: 1447 Milne Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeapheruz@Aol.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 _____