



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 12/12/23 Time: _____

Agenda/Item Number: D-9

Issue: _____

Name: MARIA Q. QUENZ

Mailing address: _____

City: On the 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 _____