CLORIVA

City of Coral Gables	Order of receipt
Request to Address City	Commission
PLEASE PRINT	

PLEASE PRII Pate: 123/94 Agenda/Item Number:	NT Time:
ssue:	
Name: Ms. Maria Cruz 1447 Miller Rd Coral Gables, FL	33146
City:State	e/Zip:
Phone: 305 – 323 – 2154 E-m  Are you a registered lobbyist with the City  Yes	of Coral Gables?
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:	

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

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## Order of receipt **City of Coral Gables**

Request to Ad	aress City Commission
Date: 1/23/24 PLEASE	PRINT 9:30
Agenda/Item Number: 1-	3
ssue: Od Cittles	0 00 1
Name: Carolina Est	fou-Chakine
Mailing address:	
City: C. G	State/Zip:
Phone:	E-mail:
Are you a registered lobbyist with the	e City of Coral Gables? No
Representing:	
I wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
Signature	

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