



City of Coral Gables Order of receipt _____
Request to Address City Commission

PLEASE PRINT

Date: 4/16/24 Time: _____

Agenda/Item Number: E-11

Issue: _____

Name: Maria Cruz

Mailin: 1447 Miller Rd
Coral Gables, FL 33146-2307

City: _____ State/Zip: _____

Phone: 305-323-2154 E-mail: shdrachevzq@Aol.com

Are you a registered lobbyist with the City of Coral Gables?

- Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

 Signature: Maria Cruz