



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

**Date:** 5/9/23 **PLEASE PRINT** **Time:** \_\_\_\_\_

**Agenda/Item Number:** E-2

**Issue:** \_\_\_\_\_

**Name:** MARIA @ CRUZ

**Mailing address:** 1447 Miller St

**City:** Coral Gables **State/Zip:** FL 33146

**Phone:** 305-323-2154 **E-mail:** thebeachcrzy@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:** Maria @ Cruz

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