



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/14/23 Time: _____

Agenda/Item Number: C-1

Issue: Code Concerns

Name: MARIA A. ORUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeachenvy@out.com

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

Yes

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: Maria A. Oruz