



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 9/24/23 Time: _____

Agenda/Item Number: F-9

Issue: _____

	Ms. Maria Cruz 1447 Miller Rd Coral Gables, FL 33146
City: _____	State/Zip: _____

Phone: _____ E-mail: _____

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 A. Cruz

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