



City of Coral Gables  
Request to Address City Commission

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

Date: 8/22/23 **PLEASE PRINT** Time: \_\_\_\_\_

Agenda/Item Number: 6-7

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

Name: \_\_\_\_\_

Mail:  Ms. Maria Cruz  
1447 Miller Rd  
Coral Gables, FL 33146

City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: 305 323 2154 E-mail: \_\_\_\_\_

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: 