



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

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

**PLEASE PRINT**

Date: 8/24/22 Time: \_\_\_\_\_

Agenda/Item Number: I-5

Issue: DR'S

Name: MARIA C. RAOZ

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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: Maria C. Raoz

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