



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/28/23 PLEASE PRINT Time: _____

Agenda/Item Number: E-2

Issue: _____

Name: MARIA C. CRUZ

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City: CG State/Zip: FL 33146

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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. Cruz

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