



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

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

**PLEASE PRINT**

Date: 3/28/23 Time: \_\_\_\_\_

Agenda/Item Number: F-2

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

Name: MARIA C. QUINN

Mailing address: 1447 Miller Rd

City: C.G. State/Zip: FL 33146

Phone: 305-323-2154 Email: thebeachcity@AOL.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 C. Quinn

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