



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5/7/24 Time: _____

Agenda/Item Number: F-10

Issue: _____

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____



on record

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 Cruz*

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