



City of Coral Gables Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 8/24/22 Time: _____

Agenda/Item Number: F10

Issue: Px2

Name: MARIA C. OWZ

Mailing address: 2447 Miller Rd

City: CG State/Zip: FL 33146

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. Owz

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