



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5/9/2023 Time: _____

Agenda/Item Number: F-4 < F-4

Issue: Redesign of Streets

Name: MARIA C. Cruz

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> 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.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 5-9-23 Time: _____

Agenda/Item Number: F-4: F-6

Issue: Ordinance re: Vacating public land

Name: Debra Register

Mailing address: 1240 Place Las Ave

City: Coral Gables State/Zip: FL 33146

Phone: 305-807-5523 E-mail: rdeb@registerco.com

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: _____

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