




City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 1/14/23 PLEASE PRINT Time: _____

Agenda/Item Number: F-10

Issue: ~~Compensation for Sales~~

Name: _____
Mail:  Maria Cruz
1447 Miller Rd
Coral Gables, FL 33146-2307

City: _____ State/Zip: _____

Phone: 305-323-9154 Email: shloach@ny
@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 Cruz