



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT
Date: 8/22/23 Time: _____

Agenda/Item Number: G-9

Issue: _____

Name: Ms. Maria Cruz
Address: 1447 Miller Rd
Coral Gables, FL 33146

City: _____ State/Zip: _____

Phone: 305-323-2154 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: [Handwritten Signature]

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