



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 1/23/24 Time: _____

Agenda/Item Number: #-1

Issue: _____

Name: _____

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

City: _____ 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 Cruz

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