



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 6/13/23 Time: _____

Agenda/Item Number: C-2

Issue: Sidewalks

Name: _____

Mailing  Maria Cruz
 1447 Miller Rd
 Coral Gables, FL 33146-2307

City: _____ State: _____

Phone: 305-323-2154 E-mail: thebeachcruz@AOL.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: Maria 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 _____

Date: 6/13/23 PLEASE PRINT Time: _____

Agenda/Item Number: C-2

Issue: PENDING SIDEWALKS

Name: ROBERT RULANO

Mailing address: 1544 MURCIA AVE

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: myself

- | | |
|---|---|
| <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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Request to Address City Commission

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Date: 6/13/23 PLEASE PRINT Time: _____

Agenda/Item Number: C-2 (PUBLIC COMM.)

Issue: ALHAMBRA SIDEWALK

Name: ROLAND RODRIGUEZ

Mailing address: 3310 ALHAMBRA CIRCLE

City: CORAL GABLES State/Zip: FL 33134

Phone: 305 345 0696 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 _____

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