



City of Coral Gables  
Request to Address City Commission

Order of receipt \_\_\_\_\_

Date: 11/4/13 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: 59

Issue: Restric films

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: 305-323-2154 E-mail: shloachcruz@gmail.com

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: Maria Cruz