



City of Coral Gables
Request to Address City Commission

Order of receipt _____

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

Agenda/Item Number: F-2

Issue: _____

Name: _____

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

City: _____ State/Zip: _____

Phone: 305-523-9154 E-mail: _____

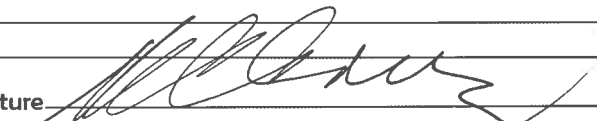
Are you a registered lobbyist with the City of Coral Gables?

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 

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