



# City of Coral Gables Request to Address City Commission

Order of receipt

PLEASE PRINT

Date: 8/24/22 Time: \_\_\_\_\_

Agenda/Item Number: 6-8

Issue: August Recess

Name: MARIA C. PAUZ

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 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: Maria C. Pauz

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