



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 12/12/23 Time: _____

Agenda/Item Number: G-1

Issue: _____

Name: MARIA C. Cruz

Mailing address: _____

City: On Record 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:

Maria C. Cruz
Signature

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