



## LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name: \_\_\_\_\_  
Last Name First Middle

Lobbyist Phone: (\_\_\_\_\_) \_\_\_\_\_

Lobbyist Address: \_\_\_\_\_  
Street City State Zip

2. Principal Represented: \_\_\_\_\_

Principal Address: \_\_\_\_\_  
Street City State Zip

Other Principals or Interests and Address (Detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lobbyist specifically includes principal as well as any agent, officer, or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid? NO\_\_\_\_ YES\_\_\_\_ (Cash\_\_\_\_ or Check\_\_\_\_)

5. Please identify all Council People or Personnel to be lobbied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The subject matter in number (3) above is to be considered at which meeting? (Check all applicable)

City Council \_\_\_\_\_  
Zoning Board of Adjustment \_\_\_\_\_  
Planning Commission \_\_\_\_\_  
City Board \_\_\_\_\_  
RFP Review/Selection Committee \_\_\_\_\_  
Others (Specify) \_\_\_\_\_

7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

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OATH

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_