



TOWN OF MEDLEY 2018 ANNUAL LOBBYIST REGISTRATION

(Effective through December 31, 2018)

Please Type or Print in Ink

Date: _____/_____/_____

Mr. /Ms. Last Name _____ First Name _____ MI. _____

Business/Firm Name _____

Address _____

City _____ State _____ Zip _____

Note: It is the responsibility of the lobbyist to notify the Town Clerk of any changes in information or address.

Business Phone _____ Fax _____ E-Mail _____

Please indicate if you are representing **Not-for-Profit Agency** or if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Ordinance C-393 (Please check applicable group):

 Chamber of Commerce Public Interest Group Bona Fide Community Organization

 Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; that I have read and am familiar with the provisions contained in Ordinance C-393 of the Town of Medley; and that I [] do not have or [] have disclosed the existence of any direct or indirect business association, partnership or financial relationship with any employee of representative of the Town.

State of _____, County of _____

Sworn to and subscribed before me this

_____ day of _____, 20____. By _____
who is personally known to me or produced identification

Type of Identification Produced _____

Notary Public in and for the State of _____ at Large
My commission expires:

(Notary Seal)

Deputy Clerk

Signature of Lobbyist

ETHICS TRAINING REQUIREMENT

Section 2-11.1(s)(2)(d) of the Miami-Dade County Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.

Has Ethics Training Been Completed?

(Please Circle) Y / N

If Yes, Date of Completion / /

For Office Use Only:

Annual Registration Fee: \$150.00 effective through 12/31/2018
Data Entry Date _____, 20____

Fee Paid: [] Yes [] No [] Cash [] Check #
Entered By _____