

TOWN OF MEDLEY LOBBYIST ACTIVITY AUTHORIZATION FORM

Please Type or Print in Ink (List all Principals represented):

Principal's Name	
Principal's Contact Person	
Principal's Trade Name	
Mailing Address	
Email Address	
Telephone Number	
<i>Other Principal(s) of Interest holding directly or indirectly a 5% or more ownership interest.</i>	
Name of Lobbyist(s)	
Lobbyist's Address Note: It is the responsibility of the lobbyist to notify the Town Clerk of any changes in address.	
Telephone Number	
Date Employed	
Note: On or before February 1 st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the <u>preceding</u> calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.	
<input type="checkbox"/> Please check here if the lobbyist is employed or retained for a specific issue.	
Specific Issue:	
I swear under penalty of perjury that the information on this form is true and accurate. By signing this Authorization, Principal(s) agrees and authorizes the Lobbyist(s) listed herein to represent the Principal(s) for the specific issues.	
Signature _____ Print Name _____ Date _____	
Pursuant to Section 2-11.1(s)(9) of the Code of Miami-Dade County, misrepresentation on this form may subject a person to prohibition from lobbying before the Town Council, or any committee, board or Town personnel for a period not to exceed five years.	

For office Use Only:

Activity Authorization Fee: \$ 50.00 Effective through 12/31/2020	
Data Entry Date _____, 20____	Entered By _____