



TOWN OF MEDLEY 2020 ANNUAL LOBBYIST REGISTRATION

(Effective through December 31, 2020)

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 12/31/2020
Data Entry Date _____, 20____

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